

**IFMA REGISTRATION FORM  
LOS ANGELES CHAPTER**

**Please fax or mail in this form with your payment  
Online registration available at <http://www.ifmala.org/>**

Course/Event Name: \_\_\_\_\_

Course/Event Date: \_\_\_\_\_

Attendee: \_\_\_\_\_

Member of IFMA LA Chapter      Yes \_\_\_\_\_      No \_\_\_\_\_

If member of other IFMA chapter please state chapter name here: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Phone No.: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please circle:    AMEX    MC    Visa    Check enclosed    3 or 4 digit security code: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Billing address for the card: \_\_\_\_\_

City, state and zip code for card: \_\_\_\_\_

Amount: \_\_\_\_\_ Signature: \_\_\_\_\_

Please fax this form to the attention of Jim Dowden at IFMA-LA (310) 379-8283

Or

Mail to:    IFMA-LA  
              C. James Dowden  
              2512 Artesia Blvd  
              Suite 200  
              Redondo Beach, CA 90278

For additional information please call Jim Dowden at (310) 379-8261