

Mail or Fax your forms early. An additional late charge of \$50 will added for exam registrations received during the two weeks prior to the start of the examination window. FEES ARE NON REFUNDABLE OR TRANSFERABLE, but you can RESCHEDULE your exam ONCE before losing your registration fee, provided you send a written request to the IDMA office NO LESS than 48 hours prior to the start of your examination date.

Please complete and mail/fax this form to:
 Insurance Data Management Association
 Attn: Farouk N. Yassine
 545 Washington Boulevard, Jersey City, NJ 07310-1686
 Fax: (201) 748-1690

Check this box if you are rescheduling an exam

A- Student Information:

Name (First Name/Last Name)		Title	
Company			
Street Address			
City	State	Zipcode	Country
Email	Phone	Fax	

Signature (required): _____

I agree that before taking this exam on-line I have informed IDMA that I have access to a secure workstation in a quiet room and have a proctor for the exam date.

B- Proctor Information: Students are responsible to provide the name, title, mailing address (physical and PO), e-mail address, phone and fax number for the person who will proctor their exam. A proctor could be anyone from your HR department, your boss, or staffer. A week prior to the exam, IDMA will provide the proctor with a "proctor package" explaining the exam process.

Name (First Name/Last Name)		Title	
Company			
Street Address			
City	State	Zipcode	Country
Email	Phone	Fax	

C- Exam Information: Exams are given online only, consist of one hundred (100) multiple-choice questions, and are three hours long. Scores are issued immediately after the exam completion. Students are allowed to take more than one exam during an exam window if they elect to do so. Students also have the option to choose the start time of the examination as long as there is a proctor available in the room.

IMPORTANT: Please coordinate with your proctor the date and start time of your examination.

i- Exam Courses & Exam Dates/Windows: Check the exam course and preferred examination date from the following options:

NOTE: Students are allowed to take more than one exam during an exam window.

Exam Course	September 13-24, 2010 Exam Window:									
	9/13	9/14	9/15	9/16	9/17	9/20	9/21	9/22	9/23	9/24
IDMA 1										
IDMA 2										
IDMA 3										
IDMA 4										
IDMA 101 (DMIP)										

Exam Course	January 17-28, 2011 Exam Window:									
	1/17	1/18	1/19	1/20	1/21	1/24	1/25	1/26	1/27	1/28
IDMA 1										
IDMA 2										
IDMA 3										
IDMA 4										
IDMA 101 (DMIP)										

Exam Course	June 6-17, 2011 Exam Window:									
	6/17	6/18	6/19	6/20	6/21	6/24	6/25	6/26	6/27	6/28
IDMA 1										
IDMA 2										
IDMA 3										
IDMA 4										
IDMA 101 (DMIP)										

Exam Course	September 12-23, 2011 Exam Window:									
	9/12	9/13	9/14	9/15	9/16	9/19	9/20	9/21	9/22	9/23
IDMA 1										
IDMA 2										
IDMA 3										
IDMA 4										
IDMA 101 (DMIP)										

ii- Examination Fees: Check the boxes which apply to you and write down the total enclosed.

Per-Course Examination Registration Fee for IDMA 1, 2, 3 and 4 Courses

- \$149 U.S. & Canada Members
- \$199 U.S. & Canada Non-Members
- \$100 International Members
- \$150 International Non-Member

Non-Member Per-Examination Fee (In addition to the Examination Registration Fee. Not required for IDMA 101 (DMIP) Course.)

- \$500

Examination Registration Fee for IDMA 101 (DMIP) Course

- \$99 U.S. & Canada Members
- \$99 U.S. & Canada Non-Members
- \$75 International Members
- \$75 International Non-Member

Late Charge (For exam registrations received during the two weeks prior to the start of the examination window.)

- \$50 (domestic and international students)

On-Time Matriculation Fee (Not required for the IDMA 101 (DMIP) Course)

- \$125 U.S. & Canada Members
- \$175 U.S. & Canada Non-Members
- \$50 International Members
- \$100 International Non-Member

Total Enclosed: \$ _____

E- Payment Information:

Circle One: Credit Card* (*see form on page 3*) Check Enclosed** Bill Me

*Please fax your credit card form, along with your registration form, to Farouk N. Yassine at (201) 748-1690.

**Make checks payable to Insurance Data Management Association.

Credit Card Payment Form

Important Note: Any customer wishing to provide a credit card number **MUST FAX this form 201-469-4019**. We will NOT accept credit card information from any other source (i.e., by phone, email, or our main office fax number).

Please **IGNORE** the **INVOICE NUMBER** and **DATE**

COMPANY NAME: _____

INVOICE NUMBER: _____

INVOICE AMOUNT: _____

INVOICE DATE: _____

CARDHOLDER NAME: _____

CARD TYPE:
(Please circle one) **Amex / Visa / MasterCard (charge only – no debit cards)**

CARD NUMBER: _____

EXPIRATION DATE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

SUBMITTED BY: _____

DATE: _____

Cardmember acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the cardmember's agreement with the issuer.

SIGNATURE OF CARDHOLDER (REQUIRED): _____

<p>For accounting use only. Transaction number:</p>
