



EXAMINATION REGISTRATION FORM

Mail, Email, or Fax your form early. A late charge fee 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
Fax: (201) 748-1690
Email: FYassine@IDMA.org**

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 full contact information of 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 via email a "proctor package" explaining the online exam process and procedures.

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



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C- Exam Information: Exams are given online, consist of one hundred (100) multiple-choice questions, and are three hours long. Unofficial results are issued immediately after the exam completion. **Students are allowed to retake an exam during the same exam window.**

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:

Exam Course	September 18-29, 2017 Exam Window									
	9/18	9/18	9/18	9/18	9/18	9/18	9/18	9/18	9/18	9/18
IDMA 1										
IDMA 2										
IDMA 3										
IDMA 4										
IDMA 101 (DMIP)										

Exam Course	January 15-26, 2018 Exam Window									
	1/15	1/16	1/17	1/18	1/19	1/22	1/23	1/24	1/25	1/26
IDMA 1										
IDMA 2										
IDMA 3										
IDMA 4										
IDMA 101 (DMIP)										

Exam Course	May 14-25, 2018 Exam Window									
	5/14	5/15	5/16	5/17	5/18	5/21	5/22	5/23	5/24	5/25
IDMA 1										
IDMA 2										
IDMA 3										
IDMA 4										
IDMA 101 (DMIP)										

ii- Examination Fees and Payment Information: 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

- \$189 U.S. & Canada Members
- \$259 U.S. & Canada Non-Members
- \$149 International Members
- \$199 International Non-Member

Examination Registration Fee for IDMA 101 (DMIP) Course

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

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

- \$175 U.S. & Canada Members
- \$275 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 DMIP Course.)

- \$250

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

- \$50 (domestic and international students)

Total Enclosed: \$ _____

Payment Method (circle one): **Credit Card*** (see form on page 3) **Check Enclosed** **Bill Me**

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: _____

Card member acknowledges receipt of goods and/or services in the amount of the total shown here on and agrees to perform the obligations set forth by the card member's agreement with the issuer.

SIGNATURE OF CARDHOLDER (REQUIRED): _____

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