



**International Association of Exhibitions and Events  
CEM EXAM REGISTRATION FORM**

**Requested Exam/CEM Course Name:**

**Course taken On-Line/Self-Paced/On-Location:**

**Date:**

**Name of Examinee:**

**Company:**

**Address:**

**City:**

**State/Province:**

**Zip/Postal Code:**

**Country:**

**Phone:**

**E-mail:**

**Date of Exam:**

**Name of Proctor:**

**Proctor's Title:**

**Company:**

**Proctor Address:**

**City:**

**State/Province:**

**Zip/Postal Code:**

**Country:**

**Phone:**

**E-mail:**

**Delivery Requested:**

**First Class Mail – Please allow 10 business days to process (30 for International).**

**FedEx/UPS/DHL Next Day delivery – (Service Provider Fee)\***

**Payment Options for FedEx/UPS/DHL Delivery \*(Note you will be charged by service provider, not IAEE):**

Check enclosed (checks payable to IAEE)

FedEx

UPS

DHL

**Account Number:**

Mastercard

Visa

American Express

**Credit Card Number:**

**Exp. Date:**

**Name on Card:**

Signature of Cardholder: \_\_\_\_\_

Please mail registration form and check OR fax credit card orders to:

**IAEE**

ATTN: Education Department  
12700 Park Central Drive, Suite # 308  
Dallas, TX 75251 USA  
**Fax:** 972.458.8119