

CEM Learning Program Exam Retake Request Form

Retake Exam Fee: \$25 USD per exam

Name: _____ Company: _____

Phone: _____ Email: _____

Date Course Taken: _____ Online / On-Location: _____

Date of 1st Exam Attempt: _____ Date Requested for Retake: _____

Exam Name:

<input type="checkbox"/>	Conference and Meeting Management	<input type="checkbox"/>	Event Marketing
<input type="checkbox"/>	Event Operations	<input type="checkbox"/>	Exhibition and Event Sales
<input type="checkbox"/>	Facilities and Site Selection	<input type="checkbox"/>	Finance, Budgeting and Contracts
<input type="checkbox"/>	Floor Plan Development	<input type="checkbox"/>	Housing and Registration Management
<input type="checkbox"/>	Selecting Service Contractors	<input type="checkbox"/>	Strategic Planning and Management
<input type="checkbox"/>	Security, Risk and Crisis Management		

Proctor: _____ Proctor Company: _____

Proctor Phone: _____ Proctor Email: _____

Payment Options:

Check (checks payable to IAEE)

Visa

Mastercard

American Express

Credit Card Number: _____ Exp. Date: _____

Cardholder Name: _____

Signature: _____

Please mail, email or fax retake form to:

IAEE

Attn: CEM Learning Program

12700 Park Central Drive, Suite # 308

Dallas, TX 75251 USA

Email: cem@iaee.com | Fax: 972.458.8119