



REGISTRATION FOR IALA ONLINE CERTIFICATION COURSE

PARTICIPANT'S NAME: _____

USER NAME (FIRST LETTER OF FIRST NAME AND FULL LAST NAME): _____

COMMUNITY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____

DAYTIME PHONE: _____

PROFESSIONAL TITLE (CIRCLE):

RN LPN SOCIAL WORKER ADMINISTRATOR OTHER (NONE)

PROFESSIONAL LICENSE #:

LICENSE STATE: _____

EXPIRATION DATE: _____

PAYMENT IS \$495.00, PLEASE MAKE CHECKS PAYABLE TO IALA OR

FILL OUT THE FOLLOWING FOR CREDIT CARD ORDERS:

AMEX _____ DISCOVER _____ M/C _____ VISA _____

CARD # _____

EXP. DATE _____

Please registration to amy@iala.alfa.org or mail form with payment to:

IALA
321 East Walnut Street, Suite 140A
Des Moines, IA 50309

Thank you very much!