SEMINAR REGISTRATION FORM

Send forms to: IMA- Mark Janis c/o niagara@imachapter.org

PARTICIPANT REGIST	RATION:				
1. Name		(IMA? No Yes C	hapter) C.M.A	C.P.A
Professional License #	E	E-mail**			
2. Name		_ (IMA? No Yes C	hapter) C.M.A	C.P.A
Professional License #	E	E-mail**			
3. Name		(IMA? No Yes C	hapter) C.M.A	C.P.A
Professional License #	E	E-mail**			
Please mark an "X" If Participant is	an IMA Member plea	se indicate below which	n chapter Participa	nt belongs to) or is a C	.P.A. or C.M.A.
Please attach a sepo	irate sheet for any a	additional participan	ts or for anyone j	from a different Fir <mark>i</mark>	n or Employer.
Firm or Employer Name					
Address					
City					
Phone Fax		Web site			
*_Seminar materials will on Chapter website up to 2 day be emailed by Tuesday, Dec MA prior to that date. Presche seminar and one week the Sour Points are limited and for each registrant be given	s prior to semina cember 17, 2019 f seminar access fo nereafter. Paper requires addition to us so that the	or. Passwords and or those whose report others may not copies will not be nal cost to you. A password may be	l instructions in gistration and be made avail provided by the s such, it is in sent to you.	payment to acce payment are rec able. Access wil the IMA. Printing aperative that an The IMA encour	ess site link wil eived by the l be available a g services at th email address ages you to pri
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DISCOUNTS: Participants may apply for a discount to attend this program based on financial hardship. Under that policy, participants who have a genuine financial hardship may apply in writing no later than ten (10) working days before the program explaining the basis of his/her hardship, and if approved by AND upon the sole discretion of the sponsoring board, the applicant may receive a discount depending on the circumstances. For more details please contact Anthony Casilio at (716) 579-7999.