



Multiple User Registration Form



▶ COURSE OF INTEREST _____

▶ HOW MANY LICENSES DO YOU WISH TO PURCHASE? _____

COMPANY NAME _____

COMPANY CONTACT NAME _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ HOW DID YOU HEAR ABOUT THE COURSE? _____

▶ Please list the **names** and **email addresses** of those who will be taking the course below.* Individual user names and passwords will be sent once the registration process is complete. Each user has a year to complete the course from the date of purchase.

	FIRST NAME	LAST NAME	EMAIL
USER 1			
USER 2			
USER 3			
USER 4			
USER 5			

*If you are registering more than 5 employees please attach a list of the remaining names and emails with this form.

PAYMENT

CREDIT CARD AMEX VISA MC

CREDIT CARD # _____ CVV# _____

EXP. DATE _____

CARDHOLDER NAME _____

SIGNATURE _____

AMOUNT TO BE CHARGED

of users _____

x price per user _____

TOTAL to be charged _____

REMITTANCE

Email or Fax Form to Nikki

EMAIL | nmcdermott@ipaa.org

FAX | 202.403.3100

Thank you for supporting **IPAA's Energy Education Center** where two-thirds of our students are under-privileged and 40% of the student population is female. Help us spread the word about these courses on social media!

Using education to fund education is a win-win for our industry!