



International Association of Fairs & Expositions

# ENROLLMENT FORM

1. Enrollment fee is \$100 (USD) payable upon application. Fee is non-refundable and will allow applicant to collect credit for courses completed for up to four (4) years from date of acceptance.
2. Applicant is responsible for insuring "for credit" forms are completed and submitted to the IAFE office as course work is completed.

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

**Check one:**

- |   |   |
|---|---|
| <input type="checkbox"/> Full time staff member at fair | <input type="checkbox"/> Part-time staff member at fair |
| <input type="checkbox"/> Volunteer at fair              | <input type="checkbox"/> Board member of fair           |
| <input type="checkbox"/> Student                        | <input type="checkbox"/> Associate Member               |
| <input type="checkbox"/> Other _____                    |   |

Fair/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address for applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant has received Certified Fair Executive (CFE) designation

I certify that above information is true and correct and agree to comply with applicable rules, guidelines and regulations set forth to complete the course work for a diploma from the IAFE Institute of Fair Management.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Check for \$100 (USD) enclosed     Money Order for \$100 (USD) enclosed

Charge by Credit Card     MasterCard     Visa     AmEx

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_/\_\_\_

Security code (3 digit on back of Visa/MC; 4 digit front of AmEx): \_\_\_\_\_ Card Zip Code: \_\_\_\_\_

## INTERNATIONAL ASSOCIATION OF FAIRS AND EXPOSITIONS

3043 E. Cairo, Springfield, MO 65802    800-516-0313 toll free    417-862-5771    417-862-0156 fax

[www.fairsandexpos.com](http://www.fairsandexpos.com)

For office use only

Date Received: \_\_\_/\_\_\_/\_\_\_    Paid by:     check     credit card    Entered into database: \_\_\_/\_\_\_/\_\_\_    By: \_\_\_\_\_