

ENROLLMENT & REGISTRATION FORM

Complete this form and fax to (612) 340-9744 or mail to 50 S 6th St, Ste 1301, Minneapolis, MN 55402
For more information, call (612) 338-8627 or email Kristine Frederick and KF@bomampis.org

Please enter your name as it appears on your identification for testing purposes.

First Name: _____ MI: _____ Last Name: _____

Company: _____ Title: _____

PROVIDE PREFERRED MAILING ADDRESS. NO PO BOXES PLEASE.

Office Home

Street Address: _____ City, State, Zip: _____

Preferred Email: _____ Preferred Phone: _____

Fax Number: _____ BOMI International ID #(if a current student): _____

ENROLLMENT OPTIONS & REGISTRATION FEES

CURRENT STUDENTS (check all that apply)

- I am already enrolled in BOMI International: RPA® FMA® SMT/SMA® PMFP FMC PAC SMC BEC HP
- I am a BOMI International certificate/designation holder or current enrollee who wants to enroll in a 2nd or 3rd program. \$100 USD.
 RPA® FMA® SMT/SMA® PMFP FMC PAC SMC BEC HP
- I am a BOMI International certificate/designation holder who wants to take a BOMI International course for Continuing Professional Development (CPD) credit (maximum 1 course every 3 years). NO ADDITIONAL ENTROLLMENT FEE.

NEW STUDENTS

- I am a new student who wants to enroll in the following certificate/designation program (check one). \$225 USD. in BOMI International:
 RPA® FMA® SMT/SMA® PMFP FMC PAC SMC BEC HP
- I am a new student who wants to take an individual course only. \$100 USD.
NOTE: Your first course enrollment fee may be applied toward a certificate/designation enrollment fee

COURSE FEES

Ethics Short Course - \$425 members | \$550 non-members Semester Length - \$1025 members | \$1200 non-members

Course Title:	Start Date:	Course Delivery Option:	Fees:
Ethics is Good Business	2/04/2022	Live classroom includes e-coursebook	
Budgeting & Accounting	2/23/2022 - 04/06/2022	Live classroom includes e-coursebook	
Total Registration Fee(s)			
Total Enrollment Fees (total from above)			
Other is Applicable (e.g., Late Registration, Exam Admin)			
TOTAL AMOUNT DUE			

PAYMENT

- Invoice me (please make checks payable to BOMA Greater Minneapolis)
- Please use the following credit card information to charge me:

If you are including credit card information on this form, please send via fax or mail rather than email.

Credit Card #: _____ Expiration Date: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____