

>> 2010 PMDP registration form

4 Easy Ways to Register

- CALL** CAI's Member Service Center at (888) 224-4321 (credit cards only) (M-F, 9-6:30 ET)
- FAX** form to CAI at (240) 524-2424 (credit cards only)
- VISIT** www.caionline.org (credit cards only)
- MAIL** form with payment to CAI, P.O. Box 34793, Alexandria, Virginia 22334-0793

(Please print or type)

Please check here if this is new contact information.

Please check one.

- I am an individual manager member or the primary contact for a management company member of CAI. Member # _____
- I am a member of CAI, but not an individual manager or the primary contact for a management company member. Member # _____
- I am not a member.

NAME _____ TITLE _____

COMPANY/ASSOCIATION _____

STREET ADDRESS _____

CITY/STATE/ZIP+4 _____

PHONE _____ FAX _____ E-MAIL _____

COURSE(S)/DATE(S)/LOCATION(S) _____

THE ESSENTIALS OF COMMUNITY ASSOCIATION MANAGEMENT (M-100) SEMINAR

CAI member	\$445	\$ _____
3rd or additional registrations (same course, members only)	\$395	\$ _____
<i>Please attach list of additional registrants' contact information.</i>		
Nonmember	\$545	\$ _____

M-100 HOME STUDY MANUAL Check here for the California edition

CAI member	\$345	\$ _____
Nonmember	\$395	\$ _____

M-100 ONLINE To register for the M-100 online, visit www.caielearning.org. Cost is \$395 for CAI members and \$445 for nonmembers.

You must be an individual manager member or the primary contact for a management company member of CAI to have access to APCM and receive the member discount on the following courses. All other CAI members must pay the nonmember rate for 200-, 300-, and 400-level courses and the PCAM Case Study.

M-200/300/400 SERIES COURSES

CAI individual manager or management company member	\$445	\$ _____
3rd or additional registrations (same course, APCM members only)	\$395	\$ _____
<i>Please attach list of additional registrants' contact information.</i>		
Nonmember	\$545	\$ _____

TOTAL \$ _____

PAYMENT METHOD

- Check payable to CAI enclosed Visa MasterCard American Express Discover

NAME ON CARD _____

BILLING ADDRESS _____

CITY/STATE/ZIP _____

ACCOUNT # _____

SIGNATURE _____ EXP. DATE _____

