



## EXAMINATION REGISTRATION FORM

A late charge fee of \$50 will added for exam registrations received during the two weeks prior to the start of the examination window. FEES ARE NON REFUNDABLE OR TRANSFERABLE, but you can RESCHEDULE your exam ONCE before losing your registration fee, provided you send a written request to the IDMA office NO LESS than 48 hours prior to the start of your examination date.

Please complete and mail/fax this form to:  
Insurance Data Management Association  
Attn: Katie Hernandez  
545 Washington Boulevard, Jersey City, NJ 07310  
Fax: (201) 748-1690  
Email: [team@idma.org](mailto:team@idma.org)

Check this box if you are rescheduling an exam

### A- Student Information:

Name (First Name/Last Name)		Title	
Company			
Street Address			
City	State	Zipcode	Country
Email	Phone	Fax	
Signature (required): _____			

I agree that before taking this exam on-line I have informed IDMA that I have access to a secure workstation in a quiet room and have a proctor for the exam date.

**B- Proctor Information:** Students are responsible to provide the full contact information of the person who will proctor their exam. A proctor could be anyone from your HR department, your boss, or staffer. A week prior to the exam, IDMA will provide the proctor via email a "proctor package" explaining the online exam process and procedures.

Name (First Name/Last Name)		Title	
Company			
Street Address			
City	State	Zipcode	Country
Email	Phone	Fax	



**EXAMINATION REGISTRATION FORM**

**C- Exam Information:** Exams are given online, consist of one hundred (100) multiple-choice questions, and are three hours long. Unofficial results are issued immediately after the exam completion. **Students are allowed to retake an exam during the same exam window.**

**IMPORTANT: Please coordinate with your proctor the date and start time of your examination.**

**i- Exam Courses & Exam Dates/Windows:** Check the exam course and preferred examination date from the following options:

Exam Course	September 17-28, 2018 Exam Window									
	9/17	9/17	9/17	9/17	9/17	9/17	9/17	9/17	9/17	9/17
IDMA 1										
IDMA 2										
IDMA 3										
IDMA 201 (Replaced IDMA 4)										
IDMA 101 (DMIP)										
Exam Course	January 21-February 1, 2019 Exam Window									
IDMA 1										
IDMA 2										
IDMA 3										
IDMA 201 (Replaced IDMA 4)										
IDMA 101 (DMIP)										
Exam Course	May 13-24, 2019 Exam Window									
	5/13	5/14	5/15	5/16	5/17	5/20	5/21	5/22	5/23	5/24
IDMA 1										
IDMA 2										
IDMA 3										
IDMA 201 (Replaced IDMA 4)										
IDMA 101 (DMIP)										

**ii- Examination Fees and Payment Information:** Check the boxes which apply to you and write down the total enclosed.

**Per-Course Examination Registration Fee for IDMA 1, 2, 3 and 201 Courses**

- \$189 U.S. & Canada Members
- \$259 U.S. & Canada Non-Members
- \$149 International Members
- \$199 International Non-Member

**Non-Member Per-Examination Fee (In addition to the Examination Registration Fee. Not required for IDMA DMIP Course.)**

- \$250

**Examination Registration Fee for IDMA 101 (DMIP) Course**

- \$99 U.S. & Canada Members
- \$99 U.S. & Canada Non-Members
- \$99 International Members
- \$99 International Non-Member

**Late Charge (For exam registrations received during the two weeks prior to the start of the examination window.)**

- \$50 (domestic and international students)

**On-Time Matriculation Fee (Not required for the IDMA 101 (DMIP) Course)**

- \$175 U.S. & Canada Members
- \$275 U.S. & Canada Non-Members
- \$100 International Members
- \$150 International Non-Member

Total Enclosed: \$ \_\_\_\_\_

**Payment Method** (circle one):    **Credit Card\*** (see form on page 3)

**Check Enclosed**

**Bill Me**

### **Credit Card Payment Form**

**Important Note:** Any customer wishing to provide a credit card number **FAX this form (201) 748-1690** or email this form to [team@idma.org](mailto:team@idma.org)

Please **IGNORE** the **INVOICE NUMBER** and **DATE**

**COMPANY NAME:** \_\_\_\_\_

**INVOICE NUMBER:** \_\_\_\_\_

**INVOICE AMOUNT:** \_\_\_\_\_

**INVOICE DATE:** \_\_\_\_\_

**CARDHOLDER NAME:** \_\_\_\_\_

**CARD TYPE:**  
(Please circle one)                      **Amex / Visa / MasterCard (charge only – no debit cards)**

**CARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**SUBMITTED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Card member acknowledges receipt of goods and/or services in the amount of the total shown here on and agrees to perform the obligations set forth by the card member's agreement with the issuer.

**SIGNATURE OF CARDHOLDER (REQUIRED):** \_\_\_\_\_

<p><b>For accounting use only.</b> <b>Transaction number:</b></p>
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