

IACVA

Valuation Training Center – Self Study Program

Registration Form

Course and Materials	Individually Priced USD	Package Priced USD
Business Valuation – Universal Fundamentals and Applications (UFA)	\$295	
Business Valuations – engagement management; valuation process from beginning to the end; tools and checklists; report writing techniques	\$245	
Valuation of Intangible Assets and Intellectual Property	\$395	
Total	<u>\$935</u>	\$875
<i>Live Review Sessions - Asian locations only:</i>		
1 - Live Training – report writing (one day)	\$225	
2 - Live Training – Case study review (one day)	\$225	
3 - Live Training – CVA exam review (two days)	\$395	
Total	<u>\$845</u>	\$775
CVA Certification Examination, Grading and Proctoring Fees	\$595	
First Year Membership – Professional (Required to take the examination)	\$430	
Grand total	<u>\$2,805</u>	
Please select your choice:		
<input type="checkbox"/> Choice one: Materials with exam and first year membership -- \$270 off retail		\$1,690
<input type="checkbox"/> Choice one plus #1 review courses– \$335 off		\$1,850
<input type="checkbox"/> Choice one plus #1 & 2 review courses -- \$385 off		\$2,025
<input type="checkbox"/> Choice one plus #1, 2 & 3 review courses -- \$450 off		\$2,185
<input type="checkbox"/> Choice one plus review courses (four days) – \$630 off		\$2,400
Shipping and handling (mandatory)		\$75
Discount (government employee, student, observer member and reciprocal organization member discount – 10% off course material and examination fee, must show proof)		()

Total fees on this registration: _____

Please complete the information below for shipping purposes. Also, complete and submit the following forms:

- IACVA Certified Valuation Analyst Designation Application
- IACVA Associate Membership Application

Name: _____ Designations currently hold: _____

Name of Firm, Organization, or Agency: _____

Address: (include Mail Stop if applicable) _____

City: _____ State/Prov, Country: _____ Postal/ZIP: _____

Tel: _____ Fax: _____

PAYMENT METHOD:

Charge to: VISA MasterCard Wire (you must pay the wire fee, if any)

Credit Card Number: _____ Expiration Date: _____

Credit Card Billing Address: _____

Authorized Signature: _____

Wire transfer information. If you wire the remittance, please use the following information -

Destination Bank: Wachovia Bank, N.A., New York,
SWIFT Code PNBPUS3NNYC, ABA# 026005092

Beneficiary's Bank: Bank of Montreal, Int'l Banking H.Q.,
SWIFT Code BOFMCAM2, CHIPS UID 046440

Beneficiary's Bank Address: 595 Burrard Street, Vancouver, BC V7X1L7

Beneficiary: International Association of Consultants, Valuers and Analysts

Account No. 00044636966

Attestation: I hereby attest that the information provided above is true and accurate and is evidence of my qualifications to continue to carry and display my CVA credential. I grant IACVA the right to verify any of the information provided upon request and with reasonable advance notice.

Signature[†]: _____ Date: _____

[†] Your signature will authorize IACVA to confirm your recertification and reporting requirements via e-mail and/or fax, if necessary, and authorize IACVA to use either medium for future communication. IACVA will not disclose or share this information with third parties to secure confidentiality.

RETURN APPLICATION TO (Via fax or scanned document): *info1@iacva.org*

International Association of Consultants, Valuers & Analysts
Administrative Office – 1411 4th Avenue • Suite 410 • Seattle • Washington • 98101
Tel: (201) 623-3200 • Fax: (206) 623-3222 • Internet: www.iacva.org