

IACVA

Business Valuation Training – Self Study Program

Registration Form

Course and Materials	Individually Priced	Package
<i>Mandatory items:</i>	USD	
Best Practices for Business Valuation	\$295	
Best Practices for Valuing Intangibles	\$345	
Business Valuations Case Analysis and Report Writing – engagement management; valuation process from beginning to the end; tools and checklists; report writing techniques	\$295	
Total	<u>\$935</u>	
ICVS Certification Examination, Grading and Proctoring Fees	\$595	
First Year Membership – Professional (Required to take the examination)	\$430	
Shipping and handling	\$75	
Materials with exam and first year membership -- \$170 off retail		\$1,865
<i>Optional Sessions:</i>		
A. Be able to ask questions via e-mail or speak on the phone with experienced business valuation professional about ICVS course material contents and preparing for the ICVS exam: theory, model, methodology	@150/hr	_____ Hrs
B. Send case study report to an experienced business valuation practitioner to review the case study and provide comments and suggestions	@150/hr	_____ Hrs
<i>Tip: 2 hours minimum for each of the above options</i>		
Subtotal fee of Optional sessions:		\$ _____
If you would like to buy the second set of ICVS training materials, IACVA will give you a discount price as a self-study member. Just check the box below to enjoy this discount:	<input type="checkbox"/>	\$565
Discount (government employee, student, observer member and reciprocal organization member discount – 10% off course material and examination fee, must show proof for discount)		()

Total fees on this registration: _____

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

- IACVA Associate Membership Application
- Self-study program registration form
- Curriculum Vitae (with photo)

Name: _____ Designations currently hold: _____

Name of Firm, Organization, or Agency: _____

Address: (include Mail Stop if applicable) _____

City: _____ State/Province: _____ Country: _____ Postal/ZIP: _____

Tel: _____ Fax: _____

Payment Options:

1. Check # _____ Make payable to: IACVA
2. Credit Card Number: _____ Expiration date: _____ / _____

Card billing address: _____

City: _____ State/Province: _____ Zip/Country: _____

Name on Card: _____ Authorized Signature: _____

3. Wire instruction:

Intermediary Bank:	Wachovia Bank, N.A., New York
Intermediary Bank SWIFT Code:	PNBPUS3NNYC
Beneficiary's Bank:	Bank of Montreal, Int'l Banking H.Q. Montreal
Beneficiary's Bank SWIFT Code:	BOFMCAM2
Beneficiary's Bank CHIPS UID:	046440
Beneficiary's Bank Address:	595 Burrard Street, Vancouver, BC V7X1L7, Canada
Beneficiary:	International Association of Consultants, Valuers and Analysts
Account#:	00044636-966

Please absorb the wire fees and currency exchange costs to avoid delay of renewal.

Signature: _____ Date: _____

† Your signature will authorize IACVA to communicate with you through the information provided by you. IACVA will not disclose or share this information with third parties.

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

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