



# *IACVA Business Valuation Training*

## *– Self Study Program (Page 2)*

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:

I have included payment by check. (Drawn in US dollars and made payable to "IACVA")

I have charged my payment at: <http://www.iacvabookstore.org/course-materials/all-inclusive-icvs-self-study-package>

I have wired my payment. (Instructions below)

Wire instruction (**Please absorb the wire fees and currency exchange costs to avoid delay of renewal.**):

Intermediary Bank:	Wachovia Bank, N.A., New York
Intermediary Bank SWIFT Code:	PNBPUS3NNYC
Beneficiary's Bank:	Bank of Montreal, Int'l Banking H.Q.
Beneficiary's Bank SWIFT Code:	Montreal BOFMCAM2
Beneficiary's Bank CHIPS UID:	046440
Beneficiary's Bank Address:	595 Burrard Street, Vancouver, BC V7X1L7, Canada
Beneficiary:	International Association of Consultants, Valuators 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.*

---

### FOR OFFICE USE ONLY

Charter Affiliation:

Member #:

Application Received:

By: (initials)

Application Received via:

fax

mail

e-mail

Entered into Database:

By: (initials)

Certificate Issued:

By: (initials)