



## ONLINE CEU QUIZ REGISTRATION

2155 Commercial Drive, Plainfield, IN 46168  
 (317) 837-5362 • Fax: (317) 837-5365

Select Preferred Date for 24 Hour Access (Registration ends Friday prior to quiz date.)	<b>October 2010</b>		<b>Which Quiz?*</b>		
	October 4 (Monday)	<input type="checkbox"/> A	<input type="checkbox"/> B		
	October 5 (Tuesday)	<input type="checkbox"/> A	<input type="checkbox"/> B		
	October 6 (Wednesday)	<input type="checkbox"/> A	<input type="checkbox"/> B		
	October 7 (Thursday)	<input type="checkbox"/> A	<input type="checkbox"/> B		
<b>August 2010</b>		<b>November 2010</b>			
August 2 (Monday)	<input type="checkbox"/> A	<input type="checkbox"/> B	November 1 (Monday)	<input type="checkbox"/> A	<input type="checkbox"/> B
August 3 (Tuesday)	<input type="checkbox"/> A	<input type="checkbox"/> B	November 2 (Tuesday)	<input type="checkbox"/> A	<input type="checkbox"/> B
August 4 (Wednesday)	<input type="checkbox"/> A	<input type="checkbox"/> B	November 3 (Wednesday)	<input type="checkbox"/> A	<input type="checkbox"/> B
August 5 (Thursday)	<input type="checkbox"/> A	<input type="checkbox"/> B	November 4 (Thursday)	<input type="checkbox"/> A	<input type="checkbox"/> B
<b>September 2010</b>			<b>December 2010</b>		
September 7 (Tuesday)	<input type="checkbox"/> A	<input type="checkbox"/> B	December 6 (Monday)	<input type="checkbox"/> A	<input type="checkbox"/> B
September 8 (Wednesday)	<input type="checkbox"/> A	<input type="checkbox"/> B	December 7 (Tuesday)	<input type="checkbox"/> A	<input type="checkbox"/> B
September 9 (Thursday)	<input type="checkbox"/> A	<input type="checkbox"/> B	December 8 (Wednesday)	<input type="checkbox"/> A	<input type="checkbox"/> B
			December 9 (Thursday)	<input type="checkbox"/> A	<input type="checkbox"/> B

\*Registrants are eligible to take and earn CEUs from each quiz one time during their 3-year certification cycle

Registrant Name: \_\_\_\_\_

Registrant Email Address: \_\_\_\_\_

(Note: Username and Password must be a minimum of 6 characters)

Username: \_\_\_\_\_

Password: \_\_\_\_\_

### Registrant Information

Company Name \_\_\_\_\_

Business Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Company Email Address \_\_\_\_\_

**Payment Information**  Visa  MasterCard  AmericanExpress  Check # \_\_\_\_\_

Credit Card # \_\_\_\_\_

Card Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

1 Quiz  
\$25

2 Quizzes  
\$50

Total \$ \_\_\_\_\_

<b>Office Use Only: O2P C2F</b>	
IMISID: _____	COID: _____
AUTH _____	
REC'D BY: _____	
REC'D DATE: _____	
<b>VALID 9/1/09-12/31/10</b>	Revised: 07/28/10