

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:

Destination Bank:	Wachovia Bank, N.A., New York
Destination 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 Address:	595 Burrard Street, Vancouver, BC V7X1L7, Canada
Beneficiary:	International Association of Consultants, Valuators and Analysts
Account#:	00044668-781

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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