



Enrollment Form for Certified Manager of Exhibits / Healthcare Certification

Yes! I want to enroll in the Certified Manager of Exhibits / Healthcare Program. Enclosed is my one-time enrollment fee of \$150 (HCEA Members) or \$350 (Non-Members). I understand I will receive by email the complete Certified Manager of Exhibits Application Package and CME rates to programs such as monthly webinars.

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State/Province: _____

Zip / Postal Code: _____ Country (if not USA): _____

Phone: _____ Fax: _____

Cell Phone: _____ E-Mail: _____

I am a current member of: TSEA HCEA Fee: \$150.00 USD

I am not a member of either organization Fee: \$350.00 USD

Payment Options (select one):

Enclosed is my check in the amount of \$150 (member) or \$350 (non-member) made out to the Trade Show Exhibitors Association.

Please bill my credit card:

Visa MasterCard American Express Amount to Be Charged: \$_____

Card #: _____ Exp. Date: ____ / ____

Name On Card: _____

Authorizing Signature: _____

Send your completed enrollment form along with payment to:

**TSEA
McCormick Place Suite 1005
2301 South Lake Shore Drive
Chicago, IL 60616**

For faster service, fax your form, with credit card payment, to TSEA at (312) 842-8744.

QUESTIONS? Call TSEA at (312) 842-TSEA (8732) or visit www.tsea.org