



**EMIT Application**

Mr.  Ms. Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Business  Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office  Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

I have registered for the required seminar:  YES  NO Fee Amount:  \$400 Live  \$400 Remote Testing Center

Seminar dates/location: \_\_\_\_\_

Method of Payment:  Visa  MasterCard  American Express  Discover  Check

Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check Number: \_\_\_\_\_

If qualifying using educational criteria, indicate your college(s), degree(s), and year(s) graduated:

Please indicate type(s) of applicable energy management experience and specific years experience for each:

I certify that the information I have provided is correct and agree to indemnify and hold harmless the Association of Energy Engineers (AEE), its contractors, the Certification Board, and those affiliated with AEE and its programs:

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