



Information Management Institute

Mail –In Registration Form

Please Mail, Fax or Email this form to:

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___ Mr. ___ Ms. ___ Mrs. ___ Dr.

Name: _____

Job Title: _____

Organization Company: _____

Mailing Address: _____

City: _____

Country Code: _____

State: _____ Zip/ Postal: _____

Phone: _____ Fax: _____

Email: _____

Conference or Course Title:

Dates of Conference or Course:

Comments:

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