

**REGISTRATION  
UMICAD**

**Test Date:** \_\_\_\_\_

**Test Location:** \_\_\_\_\_

*Please complete & return to:*

UMICAD  
P.O. Box 1130  
Bemidji, MN 56619  
218-368-8667  
Fax 218-444-7105

*Registration information (please print or type / one person per registration):*

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PROGRAM or AGENCY *(if applicable)*

\_\_\_\_\_  
MAILING ADDRESS *(preferred)*

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
TELEPHONE FAX EMAIL

*Enclosed registration fee:*

**ICRC Written Exam \$250.00**

**UMICAD Level I Exam \$100.00**

**UMICAD Training \$50.00/ Person**

\$ Total Amount

<i>For Office Use Only</i>		
CHECK <input type="checkbox"/>	P.O. <input type="checkbox"/>	CASH <input type="checkbox"/>
Date Received		
Comments:		