

**STEP 1: PLEASE COMPLETE SECTIONS 1 THROUGH 9 (ALL SECTIONS MUST BE FILLED & SIGNED AND DATED BELOW)**

- 1) NAME OF SPONSORING ORGANIZATION:
- 2) MAILING ADDRESS OF SPONSORING ORGANIZATION:
- 3) WEBSITE OF SPONSORING ORGANIZATION:
- 4) PHONE NUMBER OF SPONSORING ORGANIZATION *(All international phone numbers must include country code, city code before the phone number):*
- 5) OFFICIAL EMAIL ADDRESS OF SPONSORING ORGANIZATION:
- 6) FULL NAME & TITLE OF PERSON RESPONSIBLE FOR PAYMENT FOR 25 OR MORE PARTICIPANTS:
- 7) WORK EMAIL ADDRESS OF PERSON RESPONSIBLE FOR PAYMENT FOR 25 OR MORE PARTICIPANTS:
- 8) PHONE NUMBER OF PERSON RESPONSIBLE FOR PAYMENT FOR 25 OR MORE PARTICIPANTS *(All international phone numbers must include country code, city code before the phone number):*
- 9) MAILING ADDRESS OF NAME OF PERSON RESPONSIBLE FOR PAYMENT FOR 25 OR MORE PARTICIPANTS:

***SIGNATURE OF PERSON RESPONSIBLE FOR PAYMENT FOR 25 OR MORE PARTICIPANTS:***

***DATE:***

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**UPON COMPLETION, EMAIL FORM WITH ALL PAGES TO: [certification@evmi.com](mailto:certification@evmi.com)**

**MINIMUM CLASS SIZE IS: 25 | MAXIMUM CLASS SIZE IS: 100 | PLEASE INCLUDE  
ALL NAMES OF ALL PARTICIPANTS TAKING 5 DAY EVMP CERTIFICATION CLASS**

	FULL NAME OF PARTICIPANTS (FIRST, MIDDLE, LAST NAME)
1	
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(PAGE 2)

**MINIMUM CLASS SIZE IS: 25 | MAXIMUM CLASS SIZE IS: 100 | PLEASE INCLUDE  
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	FULL NAME OF PARTICIPANTS (FIRST, MIDDLE, LAST NAME)
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(PAGE 3)

**MINIMUM CLASS SIZE IS: 25 | MAXIMUM CLASS SIZE IS: 100 | PLEASE INCLUDE  
ALL NAMES OF ALL PARTICIPANTS TAKING 5 DAY EVMP CERTIFICATION CLASS**

	FULL NAME OF PARTICIPANTS (FIRST, MIDDLE, LAST NAME)
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(PAGE 4)

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ALL NAMES OF ALL PARTICIPANTS TAKING 5 DAY EVMP CERTIFICATION CLASS**

	<b>FULL NAME OF PARTICIPANTS (FIRST, MIDDLE, LAST NAME)</b>
76	
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