

IPMBA Instructor ToolKit Order Form

Instructor Name:		Instructor Number:	
Department:			
Contact Phone:	· · · · · · · · · · · · · · · · · · ·	Contact Email:	
Ship To:	□ Depa	rtment	
Street Address:			
City:			
Amount Enclosed:			
\$125 x = \$ (Octob	oer 1, 2022-Ma	rch 31, 2023)	
\$175 x = \$ (April	1 1, 2023-June	30, 2023)	
Form of Payment (U.S. Cu	rrency Only):		
☐ Check (Payable to Polic	e on Bikes, Inc	c., or IPMBA)	
☐ Mastercard ☐ Visa			
Card Number:			
Expiration Date:			
Name on the Card:			
Billing Address:			
Email Address for Receipt:			
Phone Number:			
☐ Purchase Order			
Purchase Order Number:			
Email Address for Invoice:_			
Contact Person:		Phone Number:	
If ordering more than one co are eligible to purchase the I' certification must purchase t	TK. All instruc	ctors who wish to maintain	

Return, with payment, to the below address, email to info@ipmba.org, or fax to 410-744-5504. Tax ID: 52-213-7781