



## Request to Present IAMI Regional Training Seminar

Seminar Name: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_

Agency/Company: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

NCIC ID #: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

**\*Note: If you want your confirmation mailed to a different address, indicate it below as you want it addressed: This information will be treated as private for office purposes only and will not be published.** Check here  if mailing address is same as above.

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip code: \_\_\_\_\_ Home Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Mail to: IAMI Headquarters  
711 Medford Center #419  
Medford OR 97504  
U.S.A.**

**Ph: 541-776-8601 ~ U.S. Toll Free 866-844-4264 ~ Fax: (541) 857-8498**

**[iamimarine@aol.com](mailto:iamimarine@aol.com)**

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