



## IPC Training and Certification Enrolment Form

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

Course: \_\_\_\_\_

Date: \_\_\_\_\_

- I am a:  New Certified IPC Specialist candidate → Please complete sections A & B  
 Existing or lapsed Certified IPC Specialist → Please complete section B

### Section A

About you:	Prefix *		First Name *		Mr, Ms, Dr etc.	
	Middle Name		Last Name *			Middle name or initial will appear on your certificates if given
	Job Title					
	Company *					Will be selected from an existing list from the IPC database where possible. Makes a new list entry if not. Please be specific
	Address *	Location				
		City *				
	State *	Postal Code				
	E-mail *					

\* = Required field

#### **Notes on E-mail address for IPC EDGE online training portal:**

This will be not only your portal login ID but also the destination for all IPC EDGE and IPC updates and newsletters. It is highly recommended that you specify a personal email address rather than a company one. Your certification is personal afterall. In addition, the IPC Helpdesk platform may be blocked by some corporate networks.

### Section B

About you:	IPC Login				Your IPC EDGE login email  If different to above  Current certification status, limited modules required etc.
	Contact E-mail	<input type="radio"/> Preferred method			
	Contact Phone	<input type="radio"/> Preferred method			
	Additional				
SMCBA Member?		ABN / ACN			

About billing:	Billing Contact Name				If different to above. Will receive copies of quotes and invoices	
	Phone					
	E-mail					
	Address					
		City *				
	State *	Postal Code				

*Please email completed form to [anthony@massedgadgets.com.au](mailto:anthony@massedgadgets.com.au) - thank you!*