



International Society of Meeting Planners (ISMP)

P.O. Box 879, Palm Springs, CA 92263

Phone: 877-743-6806 Fax: 760-327-5631

www.ismp-assoc.org info@ismp-assoc.org

2020 Membership Renewal

Member Name: _____

Check the appropriate earned designation(s)

- | | |
|--|--|
| <input type="radio"/> CEP Certified Event Planner | <input type="radio"/> 1 Designation \$ 225.00 |
| <input type="radio"/> CDS Certified Destination Specialist | <input type="radio"/> 2 Designations \$ 235.00 |
| <input type="radio"/> CEM Certified Entertainment Manager | <input type="radio"/> 3 Designations \$ 245.00 |
| <input type="radio"/> CMC Certified Meeting Consultant | <input type="radio"/> 4 Designations \$ 255.00 |
| <input type="radio"/> ITS Incentive Travel Specialist | <input type="radio"/> 5 Designations \$ 265.00 |
| <input type="radio"/> RMP Registered Meeting Planner | <input type="radio"/> 6 Designations \$ 275.00 |
| | <input type="radio"/> Affiliate Member \$ 195.00 |
| | <input type="radio"/> Retired \$ 95.00 |

Questions? Call the National Association Headquarters at **877-743-6806**

Please return this form with your payment. Let us know if you have any changes to your contact information.

Mail this form with your check to:
International Society of Meeting Planners (ISMP)
P.O. Box 879
Palm Springs, CA 92263

Or fax this form with your credit card information to:
760-327-5631

Name as it appears on CC: _____ Security Code: _____

Credit Card Billing Address: _____

Phone: _____ Fax: _____

E-mail: _____

VISA MasterCard  # _____ Exp: ____ / ____

I authorize my credit card to be processed to renew my Association Membership

Signature: _____ Date: ____ / ____ / ____

Thank you for your Renewal!