

IDEA REPLACEMENT CARD REQUEST FORM

Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____

Date of Certification (if known) _____

Instructor (if known) _____

Training Center (if known) _____

PLEASE INCLUDE A 2" X 2" PHOTO

If you are requesting a name change, include a copy of your current driver's license or other form of picture ID.

Certification Package Wanted:

_____ Certification card only - \$40.00

_____ Certification card and IDEA T-shirt - \$55.00

Return Via:

_____ First Class Mail-no additional charge

_____ Priority Mail - \$10.00

_____ OVERNIGHT SERVICE - \$30.00-to anywhere in the continental U.S.

Make check or money order payable to IDEA. Visa, Mastercard, and American Express are also accepted.

Card Number

Expiration Date

Mail to:

IDEA

P O Box 8427

Jacksonville, FL 32239