



2017 PARTNER CREDENTIAL ORDER FORM

EVENT: _____

PARTNER NAME: _____

AUTHORIZED USER(S) / CONTACT PERSON(S): _____

PHONE #: _____ CELL #: _____

EMAIL: _____

NAME	DATE OF BIRTH	EMAIL ADDRESS	Credentials Single Event / Annual	WORKER / GUEST

*If "Guest" is listed, Partner represents and warrants that each recipient is a guest of Partner and will not serve in a working capacity or perform any functions in furtherance of the event nor will they serve as a vendor providing service to a Partner or anyone else at the Event. Participant Accident insurance will not be available to the recipients of Guest Membership/Credentials.

By signing below, you authorize IMSA to charge your credit card provided to IMSA under the Automatic Payment Authorization Form for the credentials listed above at the prices listed below for any credentials that are over the Partner's allotment.

Signature: _____ Date: _____

Due to IMSA the Friday one week before the event.

<u>Credentials</u>	<u>Fee</u>
Annual Partner Hard Card	\$1400
Single Event Partner	\$300

Please submit to IMSA Member Services – registration@imsa.com