

Questions?:

Website:

www.loma.org

Email:

education@loma.org

Fax:

770-984-6415

If you would like to begin administering LOMA programs at your company, please complete this form to establish a Primary Organization (primary location) and designate an Education Representative.

- Information about LOMA Ed Rep responsibilities can be found in the [Educational Representative Guidebook](#).
- If your company would also like to administer I*STAR exams, please complete the [I*STAR Certification Form](#), as well.

Company Information

Company Name			
Company Address			
City	State or Province	Country	Postal or ZIP Code

Ed Rep Information

Last Name	First Name	Middle Initial
Job Title		
Address (if different)		
City	State or Province	
Country		Postal or ZIP Code
Work Phone	Fax	
Email Address		

Acknowledgment Statement

I am an employee of _____ (company name). I have been appointed by my company to serve as the Educational Representative (Ed Rep) to LOMA. I accept the responsibilities of Ed Rep and will adhere to LOMA's rules and guidelines, as described in the Educational Representative Guidebook and other LOMA materials, for informing my company's employees and administering LOMA Professional Development Programs.

Signature of Ed Rep: _____ Date: _____

Print Form

