|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | | **APPLICATION FOR RECOGNITION OF**  **A PROFESSIONAL DEVELOPMENT ACTIVITY** | | **ACCREDITATION FEE PAYMENT FORM** | | |
| Name of the provider: |  |
| Title of the  activity: |  |

**ACCREDITATION FEES**

* A fee of $287.44\* (tax included) for opening and analyzing the file must be paid for every accreditation request received by the IQPF. **This amount is not refundable.**
* A fee of $229.95\* (tax included) must be paid for the allocation of one to six PDUs
* A fee of $74.73\* (tax included) for each additional PDU allocated

**PAYMENT METHOD**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Credit card:** | | | Visa  MasterCard  American Express | | | | | | | | | |
|  | **Amount: $** |  | | | |  | | | | | | | |
|  | Card number: | |  | | | | | | | | | | |
|  |  | | |  |  | | |  |  | | | | |
|  | Expiration date: | | | Month: | Select | | | Year: | Select |  | | | |
|  |  | | |  |  | | |  |  | | | | |
|  | 3- or 4-digit security code: | | | | | |  | | | | | | |
|  | Cardholder name: | | | |  | | | | | | | | |
|  | I understand that checking this box constitutes a signature that has legal force. | | | | | | | | | |  |  |  |

\* Prices subject to change without notice.

**This form must be attached to your accreditation request.**