

Primary Organization Form



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 [Ed Rep Guidebook](#).
- If your company would also like to set up I*STAR, LOMA's exam system, please complete the [I*STAR Certification Form](#), as well.

Fax the completed form to 770-984-6415.

Questions?

Website:
www.loma.org

Email:
education@loma.org

Information about your company

| | | | |
|-----------------|-------------------|---------|--------------------|
| Company name | | | |
| Company address | | | |
| City | State or Province | Country | Postal or ZIP code |

Ed Rep Information

| | | | | |
|------------------------|--|-------------------|-----------------------|----------------|
| Last name | | First name | | Middle initial |
| Job title | | | Date of birth (mm/dd) | Gender |
| Address (if different) | | | | |
| City | | State or Province | | |
| Country | | | Postal or ZIP code | |
| Work phone | | Fax | | |
| Email address | | | | |

Acknowledgement 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 Ed Rep Guidebook and other LOMA materials, for informing my company's employees and administering LOMA Education Programs.

Signature of Ed Rep: _____ **Date:** _____

[Print Form](#)