Registration Form 2012

CENTER FOR FINANCIAL TRAINING℠
NORTH CENTRAL STATES

1 COMPLETE FORM WITH APPROPRIATE SIGNATURES FOR BILLING

2 FAX TO: 414-332-6478 OR MAIL TO: 177 E. SILVER SPRING DR. WHITEFISH BAY, WI 53217

3 REGISTER ONLINE www.cftncs.org

Student Name	Student Email (required for confirmations, online courses, webinars)		
Organization Name	Supervisor's Name	Supervisor's Title	
Organization Address	City	State	Zip
Business Phone	Business Fax	Home Phone (for emergency only)	

Course Format I Am Registering For: ☐ In-Person Seminar ☐ In-Person Course ☐ Independent Study ☐ Online Course ☐ Webcourse ☐ Webinar – ☐Live ☐Recorded ☐Both

COURSE TITLE	LOCATION/FORMAT	DAY /DATES	COURSE FEE
Processing Fee *For Online and Independent Study only and is non refundable*			$15.00
		TOTAL	

Cancellation Policy: Cancellations must be received in writing up to five (5) business days prior to seminar/webinar date to receive a full refund. Cancellations received less than five (5) business days before seminar/webinar and no-shows will be charged in full. Substitutions may attend if prior notice is received. Withdrawal Policy: ***Students must notify CFT in writing with their intent to withdraw from a course.*** *Forms can be found on the CFT website – www.cftncs.org.* ***Withdrawals from In-Person courses*** *must be received before first class for courses less than eight (8) weeks long and before the third class for courses longer than eight (8) weeks to receive a full refund minus the withdrawal fee ($50).* Withdrawals from Online courses *must be received ten (10) days prior to the start date to receive a full refund, minus the withdrawal fee ($50). No refunds will be issued after the start date.* Withdrawals from Independent Study courses *must be received within five (5) business days of receipt of materials to receive a full refund minus a withdrawal fee ($100).*

Payment **(Choose One)**

☐ Invoice Bank

Attn: _____

☐ Check Enclosed

☐ Credit Card:

☐ Visa ☐ MasterCard ☐ Discover

If paying by credit card:

Name on Card: _____

Address Associated with Card:

_____

Street City State Zip

Credit Card #:_____

Exp. Date: _____ CSC# _____

Generally it's the last three digits in the signature area on back of card.

Cardholder Signature: _____

By submitting this registration, I acknowledge that I have read and understand the withdrawal policies and hereby grant permission to provide information on my course to the CFT representative of my organization.

_____ _____

Student Signature Date Supervisor/ CFT Representative Signature Date

_____

Manager/Supervisor Signature Date

*Required for processing

CFT-NCS reaffirms its standing policy of non-discrimination in employment and in all programs and activities with respect to race, creed, disability, color, sex, age, religion, or national origin