

CFT COURSE REGISTRATION FORM

Please know that you also have the option of registering online at www.cftnow.org.

Name

First

MI

Last

Company Name

Address

City/State/Zip

Preferred Phone #

Preferred E-Mail Address

Have You Taken CFT Courses in the Past?

Yes

No

Last Name (if different)

COURSE SELECTION #1

Course Type : Course

Guided Self-Study

Instructor-Led Online

Webinar

School/Conference

Title

Start Date

(leave blank for Self-Study Course)

COURSE SELECTION #2

Course Type : Course

Guided Self-Study

Instructor-Led Online

Webinar

School/Conference

Title

Start Date

(leave blank for Self-Study Course)

STUDENT DISCLOSURES

I acknowledge that I have read the withdrawal policy and academic integrity statement fully understand their meaning. I authorize the Center for Financial Training to release my grades and course progress to the appropriate representative at my company and share educational information with me via e-mail. I understand that if I fail to meet the tuition reimbursement requirements of my company, I will be held personally responsible for tuition and fees to my company and/or CFT, as well as any fees associated with the collection of these balances.

Student Signature _____

Date _____

Authorization

Date

Payment Options:

Bill My Employer

Credit Card

Email Completed Forms to: Registration@CFTeducation.org

NONDISCRIMINATORY POLICY

The Center for Financial Training admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and other school administered programs.