

CFT COURSE REGISTRATION FORM

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

Name _____ Last 4 Digits of SSN _____
First MI Last

Company Name _____
Co. Street Address _____ (No P.O. Box numbers please)
City/State/Zip _____
Direct Work Phone # _____
Work Fax # _____
E-Mail Address _____ (required for online courses and course confirmations)
Home/Cell Phone # _____

COURSE SELECTION #1

Course Type (circle one): Guided Self-Study Instructor-Led Online Webinar School/Conference

Course Title _____

Start Date _____ (leave blank for Self-Study Course)

COURSE SELECTION #2

Course Type (circle one): Guided Self-Study Instructor-Led Online Webinar School/Conference

Course 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 ___ Check Enclosed ___ Credit Card (Register Online or Call 800# below)

Center for Financial Training
Attn: Course Registrations
P.O. Box 969
Norwich, CT 06360

Phone: (800) 795-5242
Fax: (860) 823-1410
Email: info@cfteducation.org