



SEMINAR/WEBINAR/WORKSHOP REGISTRATION FORM

The Center for Financial Training does not discriminate on the basis of race color, gender, age, and national or ethnic origin. This document may contain privileged and/or confidential information. It is intended solely for the use of SFCFT and will not be shared without written permission.

Student Name: _____ S.S. # _____

Title: _____ Department: _____

Organization/Bank Name: _____ Cost Center #: _____

Address (NO P.O. BOX): _____ City/State/ Zip: _____

Work #: _____ Fax #: _____ Home #: _____

Student's E-mail: _____

SEMINAR/WEBINAR/WORKSHOP

Program Title :	Date:	Location:	Webinar Option:

YOUR EDUCATIONAL GOAL: Please indicate below which CFT Diploma and/or Certificate you intend to earn.

_____ (Please see <http://sfct.org/diplomas-certificates-and-college-credit> for your options)
 (DIPLOMA/CERTIFICATE)

TO REGISTER: Submit your registration to CFT by fax or mail to: **CFT, 245 NE 4TH Street, Room 3704-10 Miami, FL 33132**, Phone: (305) 237-3051, **Fax: (305) 237-7587**, E-mail: claguna@mdc.edu Website: www.sfct.org

PLEASE CONFIRM RECEIPT OF YOUR FAX REGISTRATION!
PLEASE DO NOT WAIT TO RECEIVE SEMINAR/WORKSHOP CONFIRMATION. ATTEND PROGRAM AS SCHEDULED.

Changes/Cancellations: Cancellations/changes must be made in writing 5-business days prior to the course date for refund or to prevent billing. Your registration will be refunded less a **\$25.00** enrollment charge during the refund period. Substitutions accepted...you must notify the SFCFT office with the information of the substitute. **No shows** will be billed the full course fee.

REGISTRATION WILL NOT BE PROCESSED WITHOUT APPROPRIATE SIGNATURES

PAYMENT:

A cashier's check/money order is enclosed (**no personal checks please**)

MasterCard Visa

Credit Card #: _____ Expiration Date: _____ CVS# _____ Amount: \$ _____

Name on Card: _____ Signature of Cardholder: _____

Billing Address: _____

Please bill organization/bank:

As the manager or supervisor of this student, I authorize payment from my financial institution to SFCFT for this enrollment.

Supervisor's/Manager's Name: _____ **Phone #** _____

Supervisor's/Manager's Signature/Approval: _____ **Date:** _____

Student Signature (Required to process registration): _____ **Date:** _____

STUDENT RELEASE OF INFORMATION: I certify the accuracy of all information on this application and hereby grant permission to CFT to register and withdraw me upon proper notification from the company named above. I also authorize CFT to release a copy of my final grades and/or academic record (transcript) at the end of the term to the representative of CFT and/or the company named above. I have read and agree to all of CFT's registration policies and procedures, including the withdrawal policy and the academic integrity statement as outlined in the schedule or other marketing pieces.