

CFT SEMINAR & WEBINAR REGISTRATION FORM

1 COMPLETE FORM WITH APPROPRIATE SIGNATURES FOR BILLING

2 SCAN & EMAIL TO: CFTSE@MDC.EDU

3 or FAX TO: 305-237-7587

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Participant Name:	SSN# (Required):
Your Bank/Organization Title:	Department:
Organization/Bank Name:	Work & Fax#:
E-mail (Required for confirmation)	Cell & Home #:
ADDRESS: Check On: <input type="checkbox"/> Residence <input type="checkbox"/> Business	City/State/Zip:

STUDENT SIGNATURE: _____ **DATE:** _____

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

When faxing please confirm registration has been received. For more information, please call (305)237-3051 or visit our website at www.cftse.org

Seminar & Webinar:

Program Title:	Date:	Location:	Webinar Option:

YOUR EDUCATIONAL GOAL: Please indicate which CFT Diploma and/or Certificate you intend to earn _____ (Please see <https://cftse.org/diplomas-certificates-and-college-programs/> for your options) (DIPLOMA/CERTIFICATE)

Changes/Cancellations: Cancellations/changes must be made in writing 5-business days prior to the course date for refund or to prevent billing. Your SEMINAR registration will be refunded less a \$30.00 enrollment charge during the refund period. Substitutions accepted... you must notify the CFT 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 check)

Master Card Visa Discover American Express

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

Name on Card: _____ Signature of Cardholder: _____

Billing Address: _____

Please bill organization/bank:

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

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

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