

# CFT SEMINAR & WEBINAR REGISTRATION FORM

**1** COMPLETE FORM WITH APPROPRIATE SIGNATURES FOR BILLING

**2** SCAN & EMAIL TO: CLAGUNA@MDC.EDU

**3** or FAX TO: 305-237-7587

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

**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](http://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: \_\_\_\_\_