

## Financial Plan Presentation Course REGISTRATION FORM

Name \_\_\_\_\_ Last 4 digits of Social Security number # \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_

Title \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Please indicate where to mail correspondence:  Work  Home

A minimum of a bachelor's degree is not required for participation in this program, but is required to receive your *CERTIFIED FINANCIAL PLANNER™* credentials. Please enter information about your highest degree earned below:

School \_\_\_\_\_

Degree \_\_\_\_\_

Name under which you received the degree, if different from above \_\_\_\_\_

How did you first hear about the program?  Direct Mail  Website  CFP Board Website  Ad  Other:

Have you taken a course through the University of Richmond?  Yes  No

Would you like to receive information about future programs by e-mail?  Yes  No

### PAYMENT INFORMATION

You must pay in full with this registration form. The tuition does not include required textbooks and the required equipment. Full payment must be received before the first class.

**Tuition \$700**

**Method of Payment**  Check  Credit Card *Circle One:*  Visa  Master Card  American Express  Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Card Holder's Name \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Signature: \_\_\_\_\_

The Financial Plan Presentation Course is purchased as a single unit of study. Requests for cancellations and refunds must be made in writing and be received within five days of enrollment. No refunds will be given after the fifth business day from the enrollment date. Refunds for credit card payments will be processed as credits to the accounts from which they were paid and may not appear as a credit until the following statement. Refunds for enrollments paid by cash or check take up to four weeks to be processed and mailed by the accounting office.

**I have read and understand this refund policy.**

Signature: \_\_\_\_\_

**Submit with payment by email to [info@dalton-education.com](mailto:info@dalton-education.com); by fax: 877-884-4711; or by mail:**

**Dalton Education;**

**5400 Laurel Springs Parkway; Suite 202; Suwanee, GA 30024**