DISTANCE LEARNING REGISTRATION FORM

303-629-1591 (fax) ◆ 1009 Grant St, Ste. 102, Denver, CO 80203 ◆ info@cftws.org

This document may contain privileged and/or confidential information.
It is intended solely for the use of CFTWS and will not be shared without written permission.

E-MAIL ADDRESS (required)_____
This information also gives CFTWS permission to confirm your registration and send periodic curriculum updates unless otherwise directed.

_____
First / Last Name **(please print)**

(_____)_____(_____) _____
Home Phone OR Cell Phone

_____
Professional Title

_____
Department Head's Name / Title

_____
Department Head's E-Mail Address

_____
Organization Name

_____
Organization Routing Number / Branch Code

_____
Organization Street Address (No P.O. Box please)

_____
City / State / Zip Code

(____)_____(____)_____
Business Phone **(required)** FAX No. **(required)**

A $25 LATE FEE WILL BE APPLIED TO ALL INSTRUCTOR LED ONLINE COURSE REGISTRATIONS RECEIVED LESS THAN 5 BUSINESS DAYS PRIOR TO THE SCHEDULED START DATE OF THE OFFERING, UNLESS OTHERWISE NOTED.

Course #	***Offering Title***	***Start Date***

I certify the accuracy of all information on this application and hereby grant permission to CFTWS to provide my course grade(s) to the personnel director of my organization, and/or colleges/universities/training organizations that co-sponsor a CFTWS program that I have registered for. I have read and agree to all of CFTWS' registration policies and procedures, including the withdrawal policy and the academic integrity statement as outlined in the catalog or other marketing pieces.

_____
Student's Signature (**Required**) Date

This signature authorizes CFTWS to invoice this institution for any balance due for tuition/fees/textbooks for this employee, including any withdrawal, transfer or late fees.

By providing the business fax number above, permission is given to CFTWS to send period curriculum updates to your financial institution.

TUITION IS REFUNDABLE, LESS A PROCESSING FEE, FOR WITHDRAWALS RECEIVED MORE THAN 10 BUSINESS DAYS PRIOR TO THE START DATE OF THE OFFERING. SEE CFTWS' DISTANCE LEARNING SCHEDULE FOR THE COMPLETE WITHDRAWAL POLICY.

_____
Authorized Signature for Billing **(Required)** Date

CHOOSE ONE: ☐ Bill Organization ☐ Check Enclosed (payable to CFTWS) ☐ Visa/MC

This authorizes CFTWS to charge Credit Card #: _____ Exp. Date: _____

_____ _____
Name on Card Signature of Cardholder

☐ Textbook ☐ Tuition

REGISTRATION CONFIRMATIONS MADE VIA E-MAIL ONLY

THIS FORM MAY BE REPRODUCED FOR ADDITIONAL USE

Center for Financial Training Western States does not discriminate on the basis or race, color, gender, age, and national or ethnic origin.