



CFP® CERTIFICATION EDUCATION PROGRAM REGISTRATION

Professional Development and Training Center

5800 West Friendly Avenue, Greensboro, NC 27410

(336) 316-2169 - www.guilford.edu/academics/certification/cfp

CONTACT INFORMATION

Name: _____ Employer/Title: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email Address: _____

Highest Level of Education Completed: _____

SELECT DESIRED COURSE(S)

COURSES	FEES
<input type="checkbox"/> Entire 5 Module Curriculum	\$ 4,875
<input type="checkbox"/> FP 1101 Financial Planning Process & Insurance	\$ 995
<input type="checkbox"/> FP 1102 Investment Planning	\$ 1,040
<input type="checkbox"/> FP 1103 Income Tax Planning	\$ 1,040
<input type="checkbox"/> FP 1104 Retirement Planning & Employee Benefits	\$ 1,040
<input type="checkbox"/> FP 1105 Estate Planning	\$ 1,040

SCHEDULE FORMAT

Tuesday Wednesday Thursday

PAYMENT METHOD

Check (Enclosed) American Express Discover Visa Master Card

Card Number: _____ Expiration Date: _____

Security Code: _____ Amount Paid: \$ _____ . _____

Card Holder's Signature: _____ Date: _____