



# REGISTRATION *form*

Register online at [www.asfmra.org](http://www.asfmra.org)

**Please read before completing Registration Form:**

- Submit one Course Registration Form for each course. This form may be reproduced as needed.
- Full payment of tuition must accompany this application.
- All prices, policies, and procedures are subject to change without notice.

## PERSONAL DATA

Name \_\_\_\_\_

Nickname for Name Badge \_\_\_\_\_

ASFMRA Member:  Yes  No

Designation:  A.F.M.  A.R.A.  RPRA  A.A.C.  CAC

ASA  MAI  Other \_\_\_\_\_

Company Name \_\_\_\_\_

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

City / State / ZIP \_\_\_\_\_

E-mail Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Fax \_\_\_\_\_

Is this an address change?  Yes  No

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

City / State / ZIP \_\_\_\_\_

Is this an address change?  Yes  No

Preferred Mailing Address:  Business  Home

Birth Year: \_\_\_\_\_

## REGISTRATION INFORMATION

Course \_\_\_\_\_

Location \_\_\_\_\_

Date \_\_\_\_\_

Challenge Exam  Retake Exam

Course \_\_\_\_\_

Location \_\_\_\_\_

Name of Possible Proctor (Accredited ASFMRA Member) \_\_\_\_\_

Possible Date for Exam \_\_\_\_\_

Tuition \$ \_\_\_\_\_

Total Tuition and Fees \$ \_\_\_\_\_

Publications Order Enclosed?  Yes  No

### Tuition and Fees Payment Information

*Payment in full must accompany this application.*

Check or Money Order payable to the ASFMRA

Government Purchase Order No.

Visa  MasterCard

Your Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature (required) \_\_\_\_\_

Fax/Mail order forms and payments to:

Fax: (303) 758-0190

ASFMRA, 950 South Cherry Street, Suite 508, Denver, CO 80246-2664