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*Please route this brochure to others  
in your institution who would benefit  
from this information.*

# REGISTRATION FORM

## Center For Financial Training

**TO REGISTER: Please fax form to (507)249-2115**

**Please tell us about yourself:**

Student Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Address, City, State & Zip: \_\_\_\_\_

Work Ph: ( ) \_\_\_\_\_ Work Fax: ( ) \_\_\_\_\_ Home Ph: ( ) \_\_\_\_\_

**Please tell us how you will pay for your registration:**

Check Enclosed                       Credit Card:   0 MC   0 VISA  
Account #: \_\_\_\_\_  
 Bill Company                              Exp: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_

**Please tell us the CFT program(s) you have chosen:**

1. Program Title: \_\_\_\_\_  
Location: \_\_\_\_\_ Date: \_\_\_\_\_

2. Program Title: \_\_\_\_\_  
Location: \_\_\_\_\_ Date: \_\_\_\_\_