

ENROLLMENT FORM

Enroll online at: www.cftea.org

Or complete form, scan to email: info@cftea.org or FAX: 207.514.8260

First Name	(please print)		M	Last Name			BirthMonth/Day
Work Teleph		Fax Numbe			Work Emo		
Organizat	ion Name and	d Address (F	P.O.	Box and Phy	vsical Ad	dress):	
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Using a ai	fferent email a	idaress for a	cours	se communic	cations P	lease provide b	elow:
Testing out of	a guided learning	g course? Cou	ırse #	and Name:			
Course	#	Cour	rse Ti	itle		Location	Date
to pay by cred	g their own tuition m it card, check here ments may be made	and a	CFTE.	A representative	will call you	erCard and VISA are for credit card inform	
meaning. I he representative of responsible for	ereby authorize The of my organization. tuition and fees to transcript and grad	Center for Fina I understand th my organizatior	incial ⁻ nat if l n. If l	Training and Edu fail to meet the re am a degree stu	ucation Allian equirements of dent at a sch	ne CFTEA catalog and nce to release my gro of my organization, I i ool affiliated with CF and understand CFTE	ides to the appropriation in the desired to the des
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Student Signatu	ıre			Date	Aυ	thorization of Student	s Employer
Additional Note	s to CFTEA Office:						

Revision: 2018.11.9