



CFRE Refresher Course

September 25-26, 2019

Registration Form

First Name		Last Name	
Professional Title		Organization Affiliation	
Address		City/State/ZIP	
Office Phone		Mobile Phone	
Email			
Meal Selection	<input type="checkbox"/> Regular Meal <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Gluten-Free		
Registration Type	<input type="checkbox"/> \$390 AFP Member <input type="checkbox"/> \$490 Non-Member		
Payment Option	<input type="checkbox"/> Check enclosed <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <small>Checks should be made payable to Central Ohio AFP; the chapter does not accept American Express.</small>		
Credit Card Number		Credit Card Expiration and Security Code	
Cardholder Name		Card billing address	

Cancellation and Refund Policy: Cancellations received in writing two weeks prior to the start of the course will be eligible for a refund of the fees paid, LESS a \$50 cancellation fee. Or you may transfer your registration to a substitute participant (members may transfer to members, and guest registrations to other guests.)

Mail checks to Central Ohio AFP

Post Office Box 163955

Columbus, Ohio 43216-3955