

CLASS REGISTRATION FORM



NATIONAL ASSOCIATION OF INDEPENDENT FEE APPRAISERS

PHONE: (312) 321-6830
FAX: (312) 673-6652
E-MAIL: INFO@NAIFA.COM

ATTENDEE INFORMATION:

COURSE: _____

DATE: _____ LOCATION: _____

FULL NAME & DESIGNATION: _____
Please print your name as you would like it to appear on your certificate.

ADDRESS: _____
Please provide the address of where you would like your certificate sent.

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

STATE LICENSE NUMBER 1: _____ LICENSE NUMBER 2: _____
Optional

(PLEASE CHECK) I understand the Board approved NAIFA refund policy:

Individuals who cancel NAIFA class registration more than 7 business days prior to the start of the class are eligible for a full refund. Between 7 and 3 business days, the registration is subject to a \$50 cancellation charge. Within 2 business days of the class, no refund will be given.

Attendee substitutions or transfers may be made to another course on the NAIFA calendar before the start of the class without penalty. Transfers cannot be extended to courses not currently on the schedule or carried over from year to year.

Individuals who are dissatisfied with a course they have taken through NAIFA will not be refunded. However, after submitting their concerns in writing to the Director of Education, they will be allowed to sit through a course again free of charge.

PAYMENT

\$ _____ NAIFA MEMBER	AMERICAN EXPRESS <input type="checkbox"/>	DISCOVER <input type="checkbox"/>
\$ _____ NON-NAIFA MEMBER	MASTERCARD <input type="checkbox"/>	VISA <input type="checkbox"/>
\$ _____ TOTAL	CARD NUMBER: _____	EXPIRATION: _____

****PLEASE SUBMIT REGISTRATION FORM VIA FAX OR E-MAIL TO THE CONTACT INFORMATION LISTED ABOVE****
YOU WILL NOT BE REGISTERED FOR A COURSE UNTIL WE RECEIVE YOUR PAYMENT