

the

401k Service TRAINING PROGRAM™ for Plan Professionals

Accredited training. Professional certification. Business-building tools.

2009 TRAINING PROGRAM ENROLLMENT FORM...

Mail or fax your application to:

The 401k Service Training Program
Financial Service Standards, LLC.
2652 Hidden Valley Drive, Suite 100A
Pittsburgh, PA 15241

FAX: 724-942-4196

Questions? Please call us at 412-977-9304.

Please select the Training Program you plan to attend:

- Pittsburgh, PA ♦ February 26-27
- Scottsdale, AZ ♦ COMBO ONLINE May 6
- Pittsburgh, PA ♦ COMBO ONLINE October 20
- ONLINE TRAINING

Your Name: _____

Company Name: _____

Business Address: _____

Business Phone: _____ Fax: _____

Email Address: _____ Broker-Dealer (If applicable) _____

Other Designations Earned (CFP®, AIF®, Etc.) _____

Occupation / Job Title: _____ How Many Years? _____

Preferred first name for Name Badge: _____

- Hotel Room Preferences: Smoking King Bed
 Non-Smoking Double Beds

I AFFIRM:

- I have been in the financial industry for at least three years.
- I intend to use the training provided to help raise the standards in the financial industry, starting with my own clients.
- I understand there are continuing education requirements (12 hours every two years) and an annual designation fee of \$245.00 to be awarded and maintain use of the PPC designation.
- That the 401k Service Solution tools discussed in class are optional and only available to PPC designees in good standing and that the use of such tools is by licensing agreement and a separate annual subscription fee.

Signature: _____ Date: _____

PAYMENT:

Tuition—\$1,850.00 Classroom

Tuition—\$1,450.00 COMBO

Tuition—\$ 995.00 ONLINE

Please select your form of payment:

- Check (*make check payable to Financial Service Standards, LLC; do not staple to application; a \$25 service fee will apply to all returned checks*)
- Credit Card (*check type of card*): Mastercard Visa American Express

Name (as it appears on credit card): _____

Card number: _____ Expiration date: _____

Signature: _____ Security Code: _____

(3 digits on back of card for Visa/Mast
or 4 digits on front for AmExp)

Card Mailing Address: _____
(If different from business address listed above)

City: _____ State: _____ ZIP: _____