



IARFC 2018 National Financial Plan Competition Participation Agreement / Registration Information

Please Print

School Name _____ Dept _____

Faculty Advisor/Competition Liaison _____

Position/Title _____

Address _____

Email _____ Phone/Ext _____

Department Website _____

Signature _____ Date _____

Registration Information

Number of Participants

Students _____ Teams (individual or team of 2) _____ Faculty Advisors _____

Each registration fee of \$100 allows up to five teams to compete. Additional fees will be required for more than five teams. (For example, 1-5 teams - \$100; 6-10 teams - \$200; 11-15 teams - \$300; 16-20 - \$400)

Total Amount due \$ _____

Check (payable to IARFC) American Express Visa Mastercard Discover

Cardholder Name _____

Billing Address _____

Credit Card No _____ Exp Date _____ Security Code _____

Cardholder Signature _____

Please return completed Participation Agreement and Registration Fee by September 1, 2017.

A paid receipt will be emailed for your records. Registration fees are non-refundable.

Submit by Fax 513.345.9479, Email plancomp@iarfc.org or Mail to:

IARFC, National Financial Plan Competition
PO Box 506 Middletown, Ohio 45042-0506