2025 National Financial Plan Competition

Participation Agreement / Registration Information

Please Print

University Name_____ **Dept**._____

Faculty Advisor/Competition Liaison_____

Position/Title _____

Address_____

_____

Email _____ **Phone/Ext** _____

Department Website _____

Signature _____ **Date** _____

Registration Information

Fee: $50 (USD) per student/team (More than 5 students/teams contact the IARFC for more options)

Number of Participants: Student(s) _____ **Team(s)** (individual or team of 2) _____

Total $_____USD

❑ Check (payable to IARFC) ❑ American Express ❑ Visa ❑ MasterCard ❑ Discover

Cardholder Name _____

Billing Address _____

Credit Card No. _____**Exp. Date** _____**Security Code** _____

Cardholder Signature _____

* Any student or professor, by virtue of their participation in the competition, grants implied consent for the IARFC to use photos or videos in all media coverage areas.

Completed Participation Agreement and Registration Fee due by October 16, 2024.

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