



## IARFC 2020 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

Student(s) \_\_\_\_\_ Team(s) (individual or team of 2) \_\_\_\_\_ Faculty Advisor(s) \_\_\_\_\_

*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 25, 2019.**  
*A paid receipt will be emailed for your records. Registration fees are non-refundable.*

Submit by Fax - 513.345.9479, Email - [plancomp@iarfc.org](mailto:plancomp@iarfc.org), or Mail to -  
IARFC, National Financial Plan Competition  
PO Box 506 Middletown, Ohio 45042-0506