YOUR KEY DATA (please print)
Legal Name: __________________________ Last First Middle Initial
SSN: __________________________ Birth Date: ____________ Gender: ☐ Male ☐ Female
☐ I am a new student Your number may have fewer digits
☐ I have previously enrolled My student number is __________

BUSINESS ADDRESS (UPS cannot deliver to a PO box) ☐ Preferred for shipping and mail
Company Name/Affiliation: __________________________
Street: __________________________
City: __________________________ State: __________________________
Zip/Postal Code: __________________________ Country: __________________________
Business Phone Number: __________________________
Mobile Phone Number: __________________________
Preferred E-Mail Address: __________________________ (required)

HOME ADDRESS (UPS cannot deliver to a PO box) ☐ Preferred for shipping and mail
Street: __________________________
City: __________________________ State: __________________________
Zip/Postal Code: __________________________ Country: __________________________

PLEASE CHECK ONE:
☐ I am enrolling in the CAP® prepaid package
You will be enrolled in the following course order unless you contact us with your preference:
GS 839, GS 849, GS 859
☐ I am enrolling in a single CAP® course: Please select your course
  o GS 839 Planning for Impact in the Context of Family Wealth
  o GS 849 Charitable Giving Strategies
  o GS 859 Gift Planning in a nonprofit Context

Note: Your testing window for each course will begin on the day that your enrollment is processed, and you will have the rest of the current month plus the next four months to take your exam.

Do you need Continuing Education for your insurance license? ☐ Yes ☐ No *If yes, what is your state of licensure and your license number?
State: __________________________ License Number: __________________________

CAP® PACKAGE PRICING
☐ For profit = $3,800
☐ Nonprofit = $3,000

PER COURSE ENROLLMENT FEES
☐ Course Tuition (for profit) = $1,895
☐ Course Tuition (nonprofit) = $1,350
*Prices are all-inclusive

METHOD OF PAYMENT
☐ Check: (make check payable to The American College of Financial Services)
☐ Charge: ☐ VISA ☐ MC ☐ AMEX ☐ Discover
Account No. __________ __________ __________ __________ __________
Expires: __________
Signature: __________________________ Date: __________________________

A limited number of $500 scholarships may be available to students not being reimbursed by an employer. Please contact us for details.