AIFG
American Institute of Financial Gerontology
1525 NW 3rd Street, Suite 8 Deerfield Beach, FL 33442 888.367.8470 Info@AIFG.org

Registration: Application

Foundations of Financial Gerontology Program

1. Indicate where and when you would prefer to take program elements:

Course Times
Although many students take the three courses during the same session, AIFG allows you to take them at different venues. Please indicate your preference below. You may change a scheduled session up to one month in advance of the scheduled session date.

	Location	Dates of Program
AIFG 101 The New Science of Wealth Span Planning	_____	_____
AIFG 103 Serving the Older Client: Values, Ethics & Lifespan Development	_____	_____
AIFG 104 Financing Longevity	_____	_____

2. About You

__Mr.
__Mrs. First Name Middle Initial Last Name
__Ms.
__Dr. _____ _____ _____

First Name/Nickname (as you want it to appear on name tag) Date of Birth

_____ _____

Street Address E-mail Address

_____ _____

City State ZIP Code

_____ _____ _____

Daytime Phone Fax Number Evening Phone

_____ _____ _____

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3. Information Only

Highest Level of Education:

___High School / G.E.D ___Associates Degree ___Bachelors ___Masters/MBA/JD __Doctoral

___Other: _____

Licenses/Registrations/Designations: _____

Your Industry

_____

Your Company

_____

Years of Industry Experience: _____ Your Job Title: _____

Have you ever received a mailing from the American Institute of Financial Gerontology? ___Yes ___No

Does your current employer provide educational benefits (pay or reimburse you) for this course work?

___ Yes (percentage: _____%) ___ No

How did you hear about the American Institute of Financial Gerontology?

_____

If you received a referral code:

Please enter referral code here: _____

4. Signature

By submitting this application I attest that my statements in this application are true.

Signed: _____ Date: _____

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