

AIFG

American Institute of Financial Gerontology

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Deerfield Beach, FL 33442

888.367.8470

Info@AIFG.org

Registration: Application

Registered Financial GerontologistSM Designation and RFGSM Certification Program

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

Location

Dates of Program

Core Courses

Electives

(Although most students take the four Core Courses and the two selected Electives during the same session, AIFG allows you to take your electives at a different venue. Please indicate your preference below; you may change a scheduled session up to one month in advance of the scheduled session date. Pick **two** electives:)

| | Select | Location | Dates of Program |
|---|--------|----------|------------------|
| <i>AIFG 105</i> Families & Aging | _____ | _____ | _____ |
| <i>AIFG 106</i> Aging Network | _____ | _____ | _____ |
| <i>AIFG 107</i> Long-term Care Solutions | _____ | _____ | _____ |
| <i>AIFG 108</i> Financial Preparedness for Later Life | _____ | _____ | _____ |
| <i>AIFG 109</i> Successful Marketing to the 50+ Consumer | _____ | _____ | _____ |

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 _____

Confirm existing financial background in the form of education, designation, license, degree, and/or verifiable experience:

| College or University | City/State | Major | Degree | Year |
|-----------------------|------------|-------|--------|------|
| | | | | |
| | | | | |
| | | | | |

Highest Level of Education:

High School / G.E.D
 Associates Degree
 Bachelors
 Masters/MBA/JD
 Doctoral
 Other: _____

Your Industry

Your Company

Years of Industry Experience: _____ Your Job Title: _____

Licenses/Registrations/Designations (check all that are current):

CEBS CECA CEPP CEPS CFA CFP
 ChFC CLTC CLTCA CLU CMA CPA
 CPCU CSA CSS EA Health LTCGS
 LTCIS LTCP Life NASD NYSE P&C
 RHU Series 6/7 RIA Other: _____

In what state(s) are your licenses/designations currently valid?

Have you ever had a license/designation revoked?

Yes No

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

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

Yes No

Yes (percentage: _____%) No

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

Please enter referral code here: _____

By submitting this application I hereby certify that all statements in this application are complete and true.

Signed: _____ Date: _____