

*****REGISTRATION FORM*****
THE FINANCIAL PLANNING ASSOCIATION OF HAMPTON ROADS

(PLEASE PRINT ALL INFORMATION)

DATE OF EVENT FOR WHICH YOU ARE REGISTERING: _____

Your Name & Professional Designations: _____

Current FPA Hampton Roads member: Yes _____ No _____

Company _____ Title _____

Street Address _____

City _____ State _____ Zip _____

The Above Address is for: Work _____ Home _____

Work Phone (with extension) _____ Home Phone _____

Fax _____ Email _____

PLEASE SPECIFY THE TYPE OF CONTINUING EDUCATION CREDITS DESIRED:

CFP® _____ CPA _____ EA _____ Virginia Life Insurance _____

Amount Enclosed: \$ _____ (Make check **payable to "FPA Hampton Roads"**)

or

_____ Credit Card (complete information below)

___ MasterCard ___ Visa ___ American Express

Card#: _____ Exp. Date _____

3-digit security code from the reverse side of the card _____

Print Cardholder's Name: _____

Signature of Cardholder: _____

**Mail this form along with your
payment to:**

**FPA Hampton Roads
PO Box 852
Virginia Beach, VA 23451-0852**

**or, fax with your credit card
authorization to:**

(toll free) (866) 360-6845