



FELLOWSHIP EXAMINATIONS Registration Form 2009

Registration forms must be received by the IFP 10 working days prior to the start date of the examination you wish to enter.

DELEGATE INFORMATION

Delegate name: _____

Company: _____

Address: _____

Post code: _____

Tel: _____

Email: _____

IFP Membership No: _____

EXAMINATION INFORMATION

2009 Dates/Venues:

Please tick where appropriate to confirm the examination(s) you wish to attend

Personal Financial Planning	18 th May	Bristol	<input type="checkbox"/>
Planning for Business Owners	19 th May	Bristol	<input type="checkbox"/>

EXAMINATION FEES

Please tick where appropriate to confirm the amount payable per delegate

<i>Workshop</i>	<i>Member Rate</i>	
ONE examination only	<input type="checkbox"/>	Total: £250.00
TWO examinations	<input type="checkbox"/>	Total: £450.00
		Total: £ _____

ADDITIONAL MATERIALS

Please tick where appropriate to confirm the materials required

Financial Calculator (including time value of money booklet)	£45.00	<input type="checkbox"/>
Time Value of Money Booklet	£10.00	<input type="checkbox"/>
Past Paper & Model Answer – May 2005 *	£20.00	<input type="checkbox"/>
Personal Financial Planning – Additional Reading *	£20.00	<input type="checkbox"/>
Planning for Business Owners – Additional Reading *	£30.00	<input type="checkbox"/>
Total:	£	

* These items are not required if you are attending a Fellowship Preparation Day

PAYMENT DETAILS

Please turn over to continue your registration

Cheque I enclose a cheque for the sum of £ _____ made payable to 'Institute of Financial Planning'

Credit card Please debit my credit card for the sum of £ _____ Visa card Mastercard Other _____
Please note we do NOT accept AMEX

Name of card holder: _____ Expiry date: _____

Card number: _____ 3 digit security code: _____

Signature: _____

SPECIAL REQUIREMENTS

Do you have any special requirements? (eg: diet etc)

Yes (please detail) _____ **No**

TERMS & CONDITIONS OF BOOKING

Booking terms and conditions are available to view via the IFP website, www.financialplanning.org.uk within the 'professional development' section. If you would like to be emailed a copy please contact the IFP office on 0117 9452470.

CANDIDATE DECLARATION

By signing this declaration you are agreeing to adhere to the booking terms and conditions and confirm that the information provided is accurate and up-to-date.

Signed: _____

Printed name: _____

Date: _____

RETURN TO:

**Fellowship Registration Forms
Institute of Financial Planning
Whitefriars Centre
Lewins Mead
Bristol
BS1 2NT**

Fax: 0117 929 221

OFFICE USE ONLY:

IFP Member number:

Delegate list updated:

Pin number:

Confirmation sent: