



# Paraplanner Skills Workshop REGISTRATION FORM

## 1. Candidate Information

First Name: \_\_\_\_\_ Title: \_\_\_\_\_

Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Company/Organisation: \_\_\_\_\_

Company Address: \_\_\_\_\_

Town / City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

IFP Member?  Yes  No\* Membership No.: \_\_\_\_\_

\*Not a member? Join today for only £100 and take advantage of reduced rate course fees – **see below for details**

## 2. Work Experience & Qualifications

Please provide a brief outline of your current position, work history and financial qualifications to date. This will not only help us to ensure this workshop is suitable for your level of experience, but it will also enable our facilitator to better understand your expectations.

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## 3. Course Fee

Course: Please select from the following options:	MEMBER RATE	NON-MEMBER RATE
Day One	<input type="checkbox"/> £250.00	<input type="checkbox"/> £300.00
Day Two	<input type="checkbox"/> £250.00	<input type="checkbox"/> £300.00
Days One & Two	<input type="checkbox"/> £400.00	<input type="checkbox"/> £500.00
Day One	<input type="checkbox"/> 12 Jan <input type="checkbox"/> 17 Mar (London) <input type="checkbox"/> 18 May	<input type="checkbox"/> 17 Jul (London) <input type="checkbox"/> 08 Sep <input type="checkbox"/> 17 Nov (London)
Day Two	<input type="checkbox"/> 17 Jan <input type="checkbox"/> 07 Apr (London) <input type="checkbox"/> 15 Jun	<input type="checkbox"/> 04 Aug (London) <input type="checkbox"/> 12 Oct <input type="checkbox"/> 01 Dec (London)

### IFP Membership Offer

Join the IFP for only £100 and take advantage of the member course rates available (£100 for the first years membership, reduced from £170 plus a one off admin fee of £25)

£100.00

**Total Amount Payable:** £

### 4. Special Requirements

Do you have any special requirements to enable you to attend this event (e.g.: diet, access etc)?

No  Yes (please specify) \_\_\_\_\_

### 5. Payment

**Total Amount Payable:** £

**CHEQUE** I enclose a cheque made payable to **Institute of Financial Planning** for the **GRAND TOTAL** above

**CARD** Please debit my card for the **GRAND TOTAL** above. Please select card type:  
 Mastercard  Visa  Visa Debit  Maestro  Other (Amex not accepted):

Name on card (as printed): \_\_\_\_\_

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Issue # or 'valid from' date \_\_\_\_\_

3 digit security no: \_\_\_\_\_

Card address (if diff to above): \_\_\_\_\_

Signature: \_\_\_\_\_

### 5. Booking Terms & Conditions

#### Group Size

Each workshop will take place with a minimum of four and a maximum of ten participants. The IFP reserves the right to cancel any workshop which does not achieve the minimum number of participants no later than five working days prior to the date of the workshop. In this instance a full refund (excluding an appropriate charge for workshop materials) will be offered or a transfer to another workshop.

**By checking this box you are agreeing to the Terms and Conditions of Booking.** The IFP strongly recommend that you read the booking terms and conditions as set out on the IFP website: [www.financialplanning.org.uk](http://www.financialplanning.org.uk). Alternatively a copy of these can be requested via the IFP office.

Confirmation of registration and final details will be sent on receipt of your e-mail or telephone call. Please note that a minimum attendance level is required for the events to take place and should this not be met we will inform all those who have registered.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Please return completed to:

Institute of Financial Planning  
Whitefriars Centre, Lewins Mead, Bristol BS1 2NT  
F: 0117 929 2214  
E: [enquiries@financialplanning.org.uk](mailto:enquiries@financialplanning.org.uk)

#### Office Use Only

Date Received:  
Processed:  
Note: