



CPF Recertification Registration

Please print or type. This information will be used to document your participation.
Contact PPFA for a current list of Recertification dates and locations.

Name _____

Company/Employer _____

Mailing Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Tel _____ Fax _____ Email _____

Home Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Tel _____

Course Site/Date _____ Recertification DVD

Exam or last recertification date: _____

Fee (U.S. Funds) PPFA® Member: \$140 PPFA Member No. _____

Nonmember: \$200

Includes resource materials on CD-ROM.

Add \$25 for preprinted resource materials in a binder.

Payment

Check (made payable to PPFA)

American Express MasterCard Visa

Account No. _____ Exp. Date _____

Signature _____

Registrations should be received by the registration deadline to ensure reservation.

Send completed form to:



PPFA Certification

3000 Picture Place

Jackson, MI 49201

Tel: 800-762-9287 • Fax: 517-788-8371

Email: ppfa@ppfa.com • www.ppfa.com