

PFE Certified Debt Management Professional Ethics CEU Enrollment Form

Certificate Holder's Information

Certificate Holder's Name: _____

Certificate Holder's Mailing Address: _____

Certificate Holder's Phone Number: _____

Certificate Holder's Email Address: _____

Certificate Holder's Signature: _____

Organizational Information

Organization Name: _____

Organization Contact Person: _____

Organization Mailing Address: _____

Organization Contact Phone Number: _____

Organization Contact Email Address: _____

Organization Contact Signature: _____

Billing Information

Billing Contact Name: _____

Billing Contact Mailing Address: _____

Billing Contact Phone Number: _____

Billing Contact Email Address: _____

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Ethics CEU Enrollment Form

Payment Information

Check enclosed in the amount of _____, payable to the Partnership for Financial Education.

Please bill me at the end of the month

Signature _____
(Signature acknowledges you will be billed monthly)

Pricing Structure:

\$35 for on line version _____

\$45 for hard copy version _____

Please note that all fees are non-refundable.