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CTI's 2012 Business Valuation and Certification Training Center Registration Form

Name: _____ Designations: _____ Name of Firm: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Fax: _____ E-mail: _____

Register me for the following program(s) & location(s):

- The Business Valuation and Certification Training Center** (Group-Live). Indicate certification desired: CVA AVA \$ _____
- Includes the entire five-day program along with certification exam fee and NACVA membership. (First-year NACVA membership included for non-members only.)
- BVTC Location:** _____ **Dates:** _____
Exam Location (must be selected at time of registration):
 I will take the exam on the Saturday following the BVTC
 I will take the exam later, at another location, under the auspices of an independent proctor (NACVA will contact you to facilitate arrangements) (Fee: \$115) \$ _____

Individual Course Registration or Self-Study Purchase:

Course, Self-Study, or Webinar Session	BVTC Location (if applicable)	Dates	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Subtotal:			\$ _____

Discounts for Seminar (not Webinar) Registration:

- Write in appropriate early registration discount: (See page 2 for applicable discount) \$ (_____)
- 10% Discount off Net Registration Fee (if NACVA member prior to registering for the BVTC) \$ (_____)
- Net Registration Fee** (subtotal): \$ _____
Total Registration Fee: \$ _____

Software & Databases:

Product Name and Description	Code (optional)	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL:		\$ _____

Four Ways To Order/Register:

-  1111 Brickyard Road, Suite 200
Salt Lake City, UT 84106-5401
-  (800) 677-2009
(801) 486-0600
-  Fax: (801) 486-7500
-  E-mail: nacva1@nacva.com

Payment Method:

- Check #: _____ VISA MasterCard AMEX Discover Diners Club

Credit card #: _____ Expiration Date: _____

Authorized Signature* _____

Credit card billing address: Same as above, or

Address: _____

City: _____ State: _____ ZIP: _____

* Your signature will authorize the CTI, NACVA, or the IBA to confirm your registration via e-mail and/or fax and authorize the CTI, NACVA, or the IBA to use either medium for future communication. CTI, NACVA, or the IBA will not disclose or share this information with third parties to secure confidentiality.