REGISTRATION DEADLINE: JULY 8, 2022

REGISTRANT INFORMATION

(Please print or type)

Name							
	First	Last	Badge Nickname				
Position/Title			Company Name	Company Name			
Business Address			City/State	Zip			
Cell Phone			E-mail				

Pleases indicate if you plan to \Box drive or \Box fly. (Check one)

BUSINESS EXPERIENCE

List your experience in the financial field (list most recent position first) and briefly outline your specific job responsibilities.

COMPANY INFORMATION

Length of time in current position	Length of time with company	No. of personnel in company
Number of your direct reports	Number of your total reports	

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If you require special assistance or have specific dietary needs please provide details.

APPLICATION MUST BE SIGNED BY YOUR SUPERVISOR OR A DESIGNATED COMPANY OFFICIAL

Name		Title City/State Date		Company Zip E-mail Signature of Applicant		
Address						
Signature of Supervisor/Compa	ny Official					Date
PROGRAM FEE: \$7,800	Enclosed	Please invoice	Received by A	AFSA I	Education	
SEND COMPLETED A	PPLICATION	AND PAYMENT TO):			
Rhonda Ashburn Phone: 202-466-8611 (office)						

AFSA Education Foundation 919 Eighteenth Street, NW, Suite 300 Washington, DC 20006-5531 Phone: 202-466-8611 (office) 703-901-9459 (mobile) Email: <u>rashburn@afsamail.org</u> Website: <u>www.afsaef.org</u>