

APPLICATION FORM

(please print)

Date _____

Designation Program: Certified Specialist in Estate Planning® (CSEP)
 Certified Specialist in Retirement Planning® (CSRP)

(Please print your name as you wish for it to appear on all correspondence)

Last Name _____ First Name _____ Middle Initial _____

Title Mr. Mrs. Ms.

Date of Birth _____

Company Name _____

Street Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

Home Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

Have you ever been convicted of a felony? Yes No

Are you a member of a state society of CPAs? Yes No Which state? _____

How did you hear about the National Institute? _____

- I am a new applicant. My enrollment fee is \$350 (per designation program).
 I have purchased a complete CSEP/CSRP CD-Rom package within the last 30 days. My fee is \$300 (per designation program).

Please indicate payment method:

Payment enclosed (please make checks payable to The National Institute for Excellence in Professional Education, LLC)

Visa Mastercard American Express Discover

Cardholder's Name _____ Cardholder's Signature _____

Account Number _____ Expiration Date _____ Billing Zip _____ CVV # _____

Please consider this application for enrollment in a National Institute for Excellence in Professional Education, LLC designation program. I understand the regulations governing all designation programs of the National Institute and agree that all stated obligations must be met before a designation may be awarded.

Signature _____

(IMPORTANT: For processing purposes, this form MUST bear the applicant's signature.)