

NO-SHOW PENALTY FORM

CTP[®] Examination

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Submit this form to AFP via fax at +1.301.907.2864.

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- Failure to cancel a scheduled appointment, will result in a \$90 no-show penalty fee. Authorizations to Test will not be issued until the no-show fee has been paid.

Please print or type

1. AFP ID #/CANDIDATE ID#: _____
2. NAME: _____
LAST FIRST MI
3. TITLE: _____
4. ORGANIZATION: _____
5. MAILING ADDRESS PREFERENCE (HOME BUSINESS)
6. BUSINESS ADDRESS: _____
CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____
HOME ADDRESS: _____
CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____
7. PHONE: _____
8. E-MAIL: _____
9. NO SHOW FEE: \$90.00
10. METHOD OF PAYMENT: CHECK AMERICAN EXPRESS MASTERCARD VISA DISCOVER CARD WIRE
11. CARD NUMBER: _____ EXPIRATION DATE: _____

PLEASE SIGN BELOW (FOR SECURITY REASONS DO NOT SEND FORMS WITH CREDIT CARD INFORMATION VIA EMAIL.)

By signing and submitting this no-show fee form, I accept the conditions set forth in the *CTP Candidate Handbook*. I understand that I am subject to all policies concerning cancellations, refunds, transfers, deferrals, administration of the test, reporting of test scores and the complete certification process and policies including the CTP recertification process.

I certify that I have read and will abide by the Association for Financial Professionals' Standards of Ethical Conduct (www.AFPonline.org/ethics). Any false statements made on this application will constitute a violation for which my certification may be revoked. I certify that the information contained in this application is true, complete and correct to the best of my knowledge and is made in good faith.

12. SIGNATURE: _____ DATE: _____

ALL FORMS MUST BE SIGNED BY CANDIDATE. NO THIRD-PARTY REQUESTS WILL BE ACCEPTED.

Please direct all inquiries to the certification department at +1.301.907.2862 or by email to CTP@AFPonline.org.