

Graduate School of Credit and Financial Management Application

To encourage enrollment by March 1st, an early application discount is available. For those applicants who apply before March 1st, the total session fee will be \$5,450. Thereafter, the session fee of \$5,800 is applicable.

- 2008 session – June 16 - June 26, 2008**
 2009 session – June 22 - July 2, 2009

With your application, please include a check in the amount of \$500 for the program deposit, made payable to NACM-GSCFM, or provide complete credit card information below.

Ms. Mr.

Full Name (please include any professional designations)

Nickname (for name badge and classroom name plate)

Birth Month & Day

Title

Company (please provide complete name)

Street Address (for UPS ground shipping, please include mail stop, floor, etc.)

City

State/Province

Zip Code/Postal Code

Country

Main Telephone Number

Direct Telephone Number

Main Fax Number

Direct Fax Number

Email Address

Payment Information

A \$500 deposit must accompany this application. An invoice for the balance of the tuition will be sent to you upon admission to the program.

Fee may be paid by check made payable to NACM-GSCFM or by credit card. Please indicate your payment method:

- My \$500 deposit check, made payable to NACM-GSCFM, is enclosed.
 Please charge my \$500 deposit. I have indicated the total to be charged and have completed the information below:
DEPOSIT \$ _____ MasterCard VISA American Express Diners Club Discover Card

Credit Card Number

Expiration Date

CID

Cardholder's Name

Cardholder's Signature (required for processing)

Billing Address (if different from above)

Refund and Cancellation Policy

Due to the inherent costs associated with establishing and holding this program, no refunds are available after May 1st. Prior to May 1st, tuition fees, less a \$500 processing fee, will be refunded for written cancellations. For questions, comments or to confirm administrative policies, please contact the NACM Meetings Department at 410-740-5560.

With this application, I am submitting the following as required:

- Letter of Recommendation Payment Photo Resume

Applicant's Signature

Date

Mail the application with deposit to:
NACM-GSCFM
Attn: Program Administrator
8840 Columbia 100 Parkway
Columbia, MD 21045-2158
or send via email with attachments
to conventions_info@nacm.org.