



Consultants' Training Institute Order and Registration Form

Name: _____ Designations: _____ NACVA/IBA Member #: _____
 Firm Name: _____ E-mail: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Tel: _____ Fax: _____ Cell: _____

I Would Like to Register for the Following CTI Webinar or Live Classroom Session(s):

<u>COURSE NAME</u>	<u>LOCATION & DATE</u>	<u>PRICE</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL PRICE BEFORE DISCOUNTS..... \$ _____

Early Payment Discount ([Click here for discount percentage](#)) [indicate here] _____ %(enter as negative) \$ < _____ >

BUSINESS VALUATION CERTIFICATION AND TRAINING SELF-STUDY (add \$10 for each course for shipping; \$40 for the full package)

Package Pricing ([Click here for options](#)) (describe which one): _____ \$ _____

Individual Self-Study Courses or Product Purchase:

<u>Name of Course or Product</u>	<u>Price</u>	<u># of CPE Exams X \$85 Each</u>	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

NACVA CVA Exam Q&A Study Guide (add \$10 for shipping) \$ _____

NACVA* Membership (If interested in joining the IBA†, call [800] 299-4130) (describe member type) _____ \$ _____

CTI/NACVA/IBA Credit Voucher or Gift Certificate (limit one).....(enter as negative) \$ < _____ >

NET REGISTRATION FEE \$ _____

Case Analysis in Person (or by Phone) (fee: \$225; **not subject to member or early payment discount**) (a convenient way for credentialed members of NACVA to receive 12 "bonus" points toward recertification; 2 hours CPE) \$ _____

Exam Purchase (describe): _____ \$ _____

GRAND TOTAL PRICE INCLUDING DISCOUNTS \$ _____

* National Association of Certified Valuators and Analysts

† Institute of Business Appraisers

PAYMENT OPTIONS:	AMOUNT DUE:
<input type="checkbox"/> Check # _____ <input type="checkbox"/> eCheck (ACH)	\$ _____ Remit To: E-mail: info@theCTI.com Fax: (801) 486-7500 Mail: 5217 South State Street, Suite 400 Salt Lake City, UT 84107 Register by Phone: (800) 677-2009 (801) 486-0600
Financial Institution Information Bank Name: _____ (9) Digit Routing Number: _____ Account Number: _____	
Card Information <input type="checkbox"/> Visa Type: _____ Card Number: _____ EXP Date: ____/____ <input type="checkbox"/> MasterCard <input type="checkbox"/> Credit Billing Address (<input type="checkbox"/> Same, or): _____ <input type="checkbox"/> Discover <input type="checkbox"/> Debit City: _____ ST: _____ ZIP: _____	
By signing this form, you authorize the National Association of Certified Valuators and Analysts (NACVA), Consultants' Training Institute (CTI), or Institute of Business Appraisers (IBA) to charge your account for the amount indicated above. NACVA, CTI, or IBA can also initiate credit entries to the customer's account in the event a credit or correction entry is due. In addition, your signature will authorize NACVA, CTI, or IBA to confirm the above information via e-mail and/or fax, if necessary, and authorize NACVA, CTI, or IBA to use either medium for future communication. NACVA, CTI, or IBA will not disclose or share this information with third parties to secure confidentiality.	
Authorized Signature: _____	Date: _____