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# 401k Service TRAINING PROGRAM™ for Plan Professionals

Accredited training. Professional certification. Business-building tools.

## 2010 TRAINING PROGRAM ENROLLMENT FORM

Mail or fax your application to:

**The 401k Service Training Program**  
Financial Service Standards, LLC  
2652 Hidden Valley Drive, Suite 100A  
Pittsburgh, PA 15241

**PHONE: 412.977.9304**  
**FAX: 724.942.4196**

Please select the Training Program you plan to attend:

- Pittsburgh, PA      ♦ February 16-17, 2010 - Classroom
- Pittsburgh, PA      ♦ February 17, 2010 - COMBO
- Orlando, FL        ♦ May 5, 2010 - COMBO
- Pittsburgh, PA      ♦ October 19-20, 2010 - Classroom
- Pittsburgh, PA      ♦ October 20, 2010 - COMBO
- ONLINE TRAINING

Your Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Broker-Dealer (If applicable) \_\_\_\_\_

Other Designations Earned (CFP®, AIF®, Etc.) \_\_\_\_\_

Occupation / Job Title: \_\_\_\_\_ How Many Years? \_\_\_\_\_

Preferred first name for Name Badge: \_\_\_\_\_

- Hotel Room Preferences:  Smoking                       King Bed  
 Non-Smoking                       Double Beds

### I AFFIRM:

- I have been in the financial industry for at least three years.
- I intend to use the training provided to help raise the standards in the financial industry, starting with my own clients.
- I understand there are continuing education requirements (12 hours every two years) and an annual designation fee of \$245.00 to be awarded and maintain use of the PPC designation.
- That the 401k Service Solution tools discussed in class are optional and only available to PPC designees in good standing and that the use of such tools is by licensing agreement and a separate annual subscription fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT:

**Tuition—\$1,850.00 Classroom**

**Tuition—\$1,450.00 COMBO**

**Tuition—\$ 995.00 ONLINE**

Please select your form of payment:

- Check *(make check payable to Financial Service Standards, LLC; do not staple to application; a \$25 service fee will apply to all returned checks)*
- Credit Card *(check only one):*       Mastercard       Visa       American Express

Name (as it appears on credit card): \_\_\_\_\_

Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_ Security Code: \_\_\_\_\_

(3 digits on back of card for Visa/Mast  
or 4 digits on front for AmExp)

Card Mailing Address: \_\_\_\_\_  
(If different from business address listed above)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_