

# CTP Re-Examination Registration Form

Please print or type

Exam registrations are good for three years from original application date. If you are within three years of your original application, you qualify as a re-examinee. Otherwise, please complete a new application, available in the *2008/2009 CTP Candidate Information Bulletin*.

1. AFP ID#: \_\_\_\_\_ MEMBER?  YES  NO

2. NAME:  MR  MS  MRS \_\_\_\_\_  
LAST FIRST MI

3. TITLE: \_\_\_\_\_

4. ORGANIZATION: \_\_\_\_\_

5. MAILING ADDRESS PREFERENCE ( HOME  BUSINESS) We ship UPS — No P.O. boxes, please.  
 NOTE: Your exam study materials and congratulatory letter will be mailed to this address.

6. BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

7. PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

8. PLEASE CHECK THE TESTING WINDOW OF YOUR CHOICE:

Testing Window	Registration Deadline
<input type="checkbox"/> December 1, 2008 – January 31, 2009 (2008B)	October 31, 2008
<input type="checkbox"/> June 1, 2009 – July 31, 2009 (2009A)	April 17, 2009

Mail your application and appropriate fees (U.S. dollars) to: AFP Certification, P.O. Box 64714-C, Baltimore, MD 21264. Applications with credit card payment may be sent to AFP via fax at 301-907-2864. To avoid a duplicate credit card charge, the application should be mailed **OR** faxed, not both.

**CGD8** FOR AFP OFFICE USE ONLY

ID# \_\_\_\_\_ Amt \$ \_\_\_\_\_

Order# \_\_\_\_\_ LB Date \_\_\_\_\_



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9.  RE-EXAMINEE REGISTRATION FEE.....\$300.00  
Candidates who were not successful on their previous exam attempt(s)

OR

REINSTATEMENT FEE.....\$300 + \$75 = \$375.00  
Candidates who have previously forfeited their examination and candidate status by failing to maintain their scheduled appointment are required to remit a \$75 "no-show" penalty and the \$300 discounted exam fee.

OR

NO SHOW PENALTY ONLY.....\$75  
Candidates who have missed their exam appointment or canceled their exam appointment after the 24 hour deadline with Pearson VUE and wish to sit for the exam in the same window are required to submit the \$75 no show fee.

10. CTP EXAM PREPARATION RESOURCES (Optional) Orders will not be processed without the appropriate shipping fees.

AFP Learning System™: Treasury (AFLSP2)—The preferred study material for the CTP exam.....\$685.00/\$785  
Includes the text of the *Essentials of Treasury Management, Second Edition*. Member/Non-Member  
(Do not select if you are a group participant wishing to purchase multiple units or if you wish to enroll in an instructor-led course.  
Please call 1.877.AFP.EDUC for volume discount pricing and enrollment information.)

Shipping and Handling - \$60.00 (within the U.S. \$18.00) \_\_\_\_\_

Sales Tax/GST (Residents of: MD add 6%, MN add 6.5%, VA add 5%) \_\_\_\_\_

Essentials of Treasury Management, Second Edition (OESTM2).....\$132.00/\$192  
Member/Non-Member

Shipping and Handling - \$29.00 (within the U.S. \$9.00) \_\_\_\_\_

Sales Tax/GST (Residents of: MD add 6%, VA add 5%) \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

GST (Canadian residents add 5%): \$ \_\_\_\_\_

Total remitted in USD: \$ \_\_\_\_\_

11. METHOD OF PAYMENT:  CHECK  AMERICAN EXPRESS  MASTERCARD  VISA  DISCOVER CARD  DINERS CLUB

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ (FOR CREDIT CARD PAYMENTS)

By signing and submitting this application form, I accept the conditions set forth in the 2008/2009 CTP Candidate Information Bulletin. 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.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_