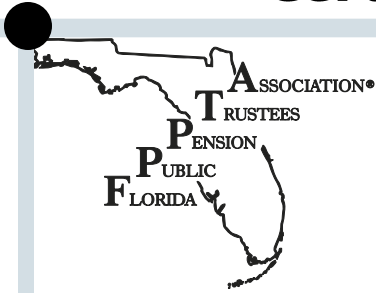


# Certified Public Pension Trustee (CPPT)



## Office Use Only

Paid in advance    On-site  
 Paid by check    Paid by credit card

Amount paid: \_\_\_\_\_

Date paid: \_\_\_\_\_

GBS \_\_\_\_ Date \_\_\_\_\_

## CPPT Certification Program **Application**

(Trustees School registration is a separate fee)

**Pre-Registered Fee:** \$800

**On-Site Registration Fee:** \$900

Please **print clearly** your name as you would like it to appear on your CPPT plaque.

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

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Please mail check to:

FPPTA

2946 Wellington Circle East • Tallahassee, Florida 32309

800-842-4064 • Fax: 850-668-8514

stephanie@fppta.org • www.fppta.org

## Payment Information:

Check Enclosed    Check to Follow    American Express    Visa    MasterCard

Name on the Card: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Card number: \_\_\_\_\_