



## CF Testing Registration Form

Please fill out this registration form completely.

If you have any questions please call WUMFA at (517) 253-7730

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

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

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

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Email: \_\_\_\_\_

### Exam date and locations for 2017:

\_\_\_\_\_ February 22<sup>th</sup>, 2017 - Bill Doran Company, 4710 Pflaum Rd., Madison, WI 53718  
12:00 pm (Noon) Arrive ½ hour early for check in.

### Please check which portion of the Exam you are registering for:

\_\_\_\_\_ Testing for Final exam for CF Hands-on: Cost \$ 75.00

**Method of Payment:** \_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ AmEx \_\_\_\_\_ Discover

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

Card billing address \_\_\_\_\_ Card billing Zip Code \_\_\_\_\_

The undersigned acknowledges that they have thoroughly read the information contained within this packet and fully understands and accepts the application procedures and the requirements established by the CF Committee for membership.

\_\_\_\_\_  
Signature Required) Date \_\_\_\_\_

You will receive a letter of confirmation after your exam registration is received.

**All Exam registrations MUST arrive at the WUMFA office at least 14 days prior to exam date!**

**Exam Registration Fees are NON-REFUNDABLE.**

**Mail Exam Registration Form to:** WUMFA - PO Box 67, Haslett, MI 48840

**Fax Exam Registration Form to:** (517) 575-0115

**E-Mail:** [cindy@michiganfloral.org](mailto:cindy@michiganfloral.org)