



Professional Standards Training Registration Form

March 8, 2018 | 8:30 am – 12:30 pm

\$20 per person

Name: _____ License #: **0225** _____

Company: _____

Local Association (if not a member of PWAR): _____

NRDS # (if not a member of PWAR): _____

Address: _____

City: _____ STATE: _____ ZIP: _____

Phone: _____

Email Address: _____

Check may be made payable to PWAR. Returned checks are subject to a \$50 service charge. Registration will be voided.

VISA/MC/AM EX/Discover #: _____

Expiration Date on card: _____

Authorized Amount: \$ _____

Authorized Signature: _____

4545 Daisy Reid Avenue, Suite 150
Woodbridge, VA 22192
Phone: 703.565.0033 /FAX: 703.565.0039
www.pwar.com