



CFA® Exam Preparation Program 2009

Program Fee: \$1550.00

What's included?

- ✓ Stalla or Schweser study books (*select your preferred materials in the box on the right*)
- ✓ Comprehensive online study portal including question bank, recordings, study planners, progress tracking, learning on demand, and more
- ✓ 16 evening sessions held 6:30 – 8pm. Course date are:
Sept 28, 30 Oct 5, 7, 14, 19, 21, 26, 28 Nov 2, 4, 9, 12, 16, 18, 23

Study Materials

Select your preferred study materials

- Stalla
- Schweser
- **No Materials

**** \$240 will be deducted from your course price if you select this option**

Enrollment conditions

- > Subject to availability, course materials will be dispatched upon enrollment.
- > Delivery fees for course materials are \$16.50 in Manhattan and \$22 within the tri-state area. Call 646-943-6200 for fees in other areas. Delivery fees are subject to change.
- > Please allow 7 working days for delivery of course material.
- > Please note that we cannot accept the return of course material once delivered and received by the candidate.

7city Learning reserves the right to change or cancel the published course dates due to unforeseen circumstances. The company's liability will be limited to a transfer to the next appropriate date or a refund of the course fee.

Course cancellation

Enrollment cancellations must be received in writing. Upon receipt of written notice, we will issue a refund for the cost of the live classroom course, pro-rated for the number of training sessions remaining on the course schedule and less a \$100 administration fee. Fees for online learning are non-refundable. Fees for course materials are non-refundable if materials have already been sent.

Candidate Details

I am applying for a place in the indicated course and agree to the enrollment conditions as set out below.

I enclose a check made payable to 7city Learning Limited to the value of \$ _____ or please invoice my organization (see below), or charge my credit card (please check one).



Card number: Exp. date

Card security code Last three (four for AmEx) digits on the back of your credit card

Signed _____		Date _____
Title _____	Last Name _____	First Name _____
Department _____		Job Title _____
Address _____		
		Zip Code _____
Telephone _____		
Email _____		
Employer's name and address _____		
		Zip Code _____
Telephone _____		

I wish you to invoice my employer (the certificate below must be completed)

Employer's statement

We are responsible for payment of the fees due upon receipt of the invoice, with respect to the candidate named below and undertake to inform you in writing at least 6 weeks prior to the commencement of the course of any change to this arrangement.

Purchase Order Number: _____	Cost Center Number: _____
Candidate's name _____	
Employer's name _____	
Position _____	
Signed _____	Date _____

Please return this form to:

Martha Noblet
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