

Important:

In order to process this order, you must include:

- *Proof of your registration for the current FRM® Exam*

Professor completes the following

First Name: _____

MI: _____

Last Name: _____

Signature: _____

College or University: _____

Ship to: _____

(We cannot deliver to a PO Box)

Suite/Floor (circle one): _____

City: _____

State/Prov: _____

ZIP/Postal Code: _____

Country: _____

University Email: _____

Daytime Phone: _____

Fax: _____

FRM Candidate #: _____

Send order form to Schweser

Mail:

Kaplan Schweser
University Partnership Coordinator
332 Front Street, Suite 501
La Crosse, WI 54601 United States

Fax: 608.779.2926 (preferred)

Phone: +1 608.779.8397 ext. 2485 (Int'l.)
877.641.3918 ext. 2485 (U.S.)

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Professor Discount Application

University Partner Program

Step 1

Select your FRM® Exam level

May Part I

May Part II

November Part I

November Part II

Step 2

Select your study package

<input type="checkbox"/>	Premium Instruction Package \$150 (retail \$599) Includes Live Online Weekly Class	<ul style="list-style-type: none"> • SchweserNotes™ • Schweser's QuickSheet • Practice Exams • Schweser Study Calendar 	<ul style="list-style-type: none"> • SchweserPro™ QBank • Candidate Resource Library • Ask Your Instructor • PassProtection™
<input type="checkbox"/>	Essential Self Study Package \$100 (retail \$399)	<ul style="list-style-type: none"> • SchweserNotes™ • Schweser's QuickSheet • Practice Exams • Schweser Study Calendar 	<ul style="list-style-type: none"> • SchweserPro™ QBank • Instructor-Led Office Hours • PassProtection™
<input type="checkbox"/>	SchweserNotes™ Package FREE (retail \$249)	<ul style="list-style-type: none"> • SchweserNotes™ • Schweser's QuickSheet • Practice Exams 	<ul style="list-style-type: none"> • Schweser Study Calendar • Instructor-Led Office Hours

Step 3

Calculate tax, shipping, and total

Subtotal: _____	Shipping Costs: U.S. (Includes AK, HI, & PR): \$30
Shipping and tax: _____	
Total Cost (U.S. Funds): _____	

Credit Card Information

Card Number _____	Expiration Date _____	CVV _____
Printed Name (as stated on card) _____		
Signature _____		

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