Ford Minority Dealer Association

COURSE REGISTRATION FORM



Email completed form to ncmi@ncmassociates.com or fax to 913.273.1227. All fields are required.

Class Name		Class Date (MM/DD/YYYY)		
Class Name		Class Date (MM/DD/YYY	Υ)	
Class Name		Class Date (MM/DD/YYY	Y)	
REGISTRANT INFORMATION				
First Name	Last Name			
Email Address Please provide an email address that you check regularly. Direct Dial	lab Titla			
Years in Automotive Retail	Job Title	gamant		
		Years in Management merican Native American		
*For Ford MDA tracking purposes	Asian American Na	aive American		
DEALERSHIP INFORMATION				
Dealership Name				
Address	City	State	Zip	
Dealership Phone	Dealership Member Sta	atus	☐ Non-Member	
What financial statement will the student be using	ng in class?** (Example:	GM, Ford, Toyota, etc.)		
**For non-members, financial statements will need to be dir	ectly uploaded to NCM. If man	ual key punching is required, addi	tional fees may apply.	
APPROVING MANAGER				
First Name	Last Name			
Email Address	Job Title			
SIGNATURE				
Signature)ate	

Cancellation Policy: More than 15 days but fewer than 30 days prior to session—25% of the tuition will be forfeited unless rescheduled for another date within 6 months. Fewer than 15 days prior to session—50% of the tuition will be forfeited unless rescheduled for another date within 6 months.