

CDMI Workshop Request Form

(Please print clearly – Photocopy as needed for additional registrations)

Contact _____ Affiliate _____

Company _____

Address _____

Address _____

City _____ State _____

Zip Postal Code _____ Country _____

Phone _____ Fax _____

E-mail Address _____

Seminar Date and Time Requested _____

Secondary Dates Requested _____

Internal Use Only

Pros. No. _____

I.S.E. _____

Dist. Mgr. _____

Confirmed by _____

Please Choose Seminar(s) of your choice:

Fee

☐ Introduction to the FICO System	_____, 2026	\$2500 per hour
☐ Intermediate FICO Workshop	_____, 2026	\$2500 per hour
☐ How to Build 850 Credit Score	_____, 2026	\$2500 per hour
☐ Introduction to FICO(R) Training	_____, 2026	\$5000 per person
☐ Intermediate FICO(R) Training	_____, 2026	\$5000 per person
☐ Advanced FICO(R) Training	_____, 2026	\$5000 per person
☐ Small Business Funding	_____, 2026	\$5000 per person
☐ Perfect Business Credit	_____, 2026	\$5000 per person
☐ Surviving Covid: Financial Triage		

Total \$ _____

CONFIRMATION:

Fees must be received in full with your Registration form to be confirmed. There are limited seminar days available for seminars during the calendar year and will be filled on a first come first served basis with priority given to Affiliates and Satellite Offices. Confirmation will be made by email within 48 hours of receipt of your payment.

GRANTS:

We are a 501C3 organization. Grants can be issued upon request to cover the cost of all promotional workshops. Grants cannot be issued to cover training workshop fees as they are a business expense and represent your commitment to our business. Fee reduction will be considered on a case by case basis. Grants do not cover speaker accommodations, transportation, and expenses. Confirmed participants must make arrangements for the speaker and his staff through Ms.

Kennedy. Once your date is confirmed she will call to make arrangements for the speaker et al. If you are not approved for a grant, then you will be notified in writing. A substitution can be made at any time and should be submitted in writing.

Method of Payment (Payment due with Reservation):

- ☐ Enclosed is my check or money order for \$_____ payable to Grayson Financial Services or purchase order_____. When completed, please return this form with your check, money order or purchase order to:

CDMI

Attn: Ms. Kennedy

9011 Linwood, Suite 1060

Detroit, MI 48206

- ☐ I wish to pay by credit or debit card.

(Circle One) Visa † MasterCard † AMEX Card Number_____

Expiration Date_____ Cardholder Phone Number_____

Cardholder Signature

Card Holder Name

- ☐ I wish to apply for a grant

(Circle whichever one applies) Church Non Profit Organization Small Business Government Agency

Number of people in your organization_____

Gross annual revenues or your Organization_____

How did you hear about this workshop?

- ☐ I would like special consideration

(Circle whichever one applies) Church Non Profit Organization Small Business Government Agency

Number of people in your organization_____

Gross annual revenues or your Organization_____

Special pricing requested

EVENT PLANNING

YOUR SEMINAR:

Please specify the number of day's requested for your workshop _____. How much time have you allotted for the seminar_____? What times will the event be held _____? Will this meeting be PowerPoint or Flipchart (circle one)? Will you provide all the equipment for presentation (yes or no)? Will you provide a table with skirting for promotion materials and book sales (yes or no). Do you have any special request?

_____.

Please rank the following in order of importance to your group (1-9):

Introduction to FICO Credit Systems

Credit Restoration Techniques
Business Credit Development
Judgment & Garnishment Reversal
Foreclosure Abatement
Self Liquidating Loan Portfolios
Funds Acquisition Strategies
Debt Elimination
Q&A
LexisNexis(NSCRAs)

Affiliate Training

The process of credit restoration
Marketing credit products
Processing
History of Credit
Credit and Debt Laws
Business Credit
Creative Financing
foreclosure Abatement
Troubleshooting & Credit Analysis

WILL YOU CHARGE ADMISSION (yes or no)? If so how much?

MEETING LOCATION:

GROUND TRANSPORTATION INFO_____

GUEST HOTEL ROOMS:

Hotel accommodations are at the following hotel:_____

GUEST FLIGHT ARRANGEMENTS:

Your flight arrangements will be through the following airline:

QUESTIONS: Please call Ms Kennedy @ **888-551-5533**