

Credit and Collection Compliance Attorney (CCCA) Designation Annual Renewal Application

Applicant Information

Applicant Name _____ Applicant ID (if known) _____
Company Name _____ Company ID _____
Mailing Address _____
City _____ State _____ ZIP _____
Phone _____ Email Address _____

Please Fill Out One Renewal Option Section Out of the Options Below:

RENEWAL OPTION 1 (choose one)

Conference Attended _____ **Year Attended** _____

- Spring Forum & Expo _____
- Annual Convention & Expo _____
- Fall Forum & Expo _____
- Washington Insights Fly-In _____

RENEWAL OPTION 2 (must complete four seminars)

SEMINARS: All seminars posted on our Events Calendar count as a compliance seminar except *Successful Hiring Strategies*.

Seminar Choices	Title of Seminar	Month & Year Completed
1) Compliance Hot Topic/ Core Curriculum/ Face-to-Face Seminar	_____	_____
2) Compliance Hot Topic/ Core Curriculum/ Face-to-Face Seminar	_____	_____
3) Compliance Hot Topic/ Core Curriculum/ Face-to-Face Seminar	_____	_____
4) Compliance Hot Topic/ Core Curriculum/ Face-to-Face Seminar	_____	_____

Payment Information – Payment Due with Application

CCCO Renewal Fee: \$50.00

Total Amount Due with Application: \$ _____

Check enclosed. (*Make check payable to ACA International.*)

Credit Card (check one): Visa MasterCard American Express

Account #: _____ Expiration Date: _____ CVC _____

Signature _____ Print Name _____

We recommend not emailing forms containing credit card data. Fax or mail instead.

Signature

I certify the information provided on this application is true and accurate to the best of my knowledge.

Applicant's Signature _____ Date _____

Please Mail or Fax With Payment to:

ACA International
Attn: Member Services
3200 Courthouse Ln, Eagan, MN 55121-1585

Fax: (952) 926-1624