

Regional Study Group for the CRP® Exam

Study Group Information for the Worldwide ERC® Website

Name of Regional Group _____

Title of Study Group _____

Date(s) of the Study Group _____

Meeting Time(s) _____

Meeting Location(s) _____

Study Group Fee _____

Registration Deadline _____

Maximum Number of Registrants? If so, how many? _____

Other information about this study group _____

Contact Person and/or Email for CRP® Candidate Questions _____

Web Link to Online Information and/or Registration _____

Please return this form to:

Worldwide ERC®
Attn: Allison Peña
4401 Wilson Blvd., Suite 510 Arlington, VA 22203

SCAN/E-MAIL to APena@WorldwideERC.org