

**To avoid a late fee, please mail the following items on or before your renewal date**

▶ **Completed Continuing Education (CE) Form**

15 hours of continuing education is required for all CRC<sup>®</sup> Certificants. Two hours of ethics is required every two years.

▶ **Signed Certificate Holder’s Statement (CHS)**

▶ **Annual Renewal Fee**

- \$145 if postmarked within 15 days of your renewal date
- \$170 if postmarked 15 days or more after your renewal date (includes a \$25 late fee)

▶ **PAYMENT BY CHECK:**

- Make check payable to InFRE
- Mail your CE form, CHS and Check to: InFRE, P.O. Box 524, Barrington, IL 60011-0524

▶ **PAYMENT BY CREDIT CARD:**

- Provide the credit card information required below
- Mail your CE form, CHS and credit card information to: InFRE, P.O. Box 524, Barrington, IL 60011-0524

\*Required Field

\*NAME ON CREDIT CARD \_\_\_\_\_

\*BILLING ADDRESS OF CREDIT CARD \_\_\_\_\_

\*BILLING CITY/STATE/ZIP \_\_\_\_\_

\*EMAIL \_\_\_\_\_ \*PHONE \_\_\_\_\_

\*CREDIT CARD NUMBER \_\_\_\_\_ \*EXP DATE \_\_\_\_\_ \*SECURITY CODE \_\_\_\_\_

\* VISA \_\_\_ MASTERCARD \_\_\_ AMERICAN EXPRESS \_\_\_ \*SIGNATURE \_\_\_\_\_

▶ **NEW EMAIL? CHANGE OF ADDRESS?** Please indicate any changes to your contact information and return this form with your renewal documentation. You may also update contact information by going to your [CRC<sup>®</sup> profile](#).

Name _____
Home Address _____ _____
Email Address _____
Home/Cell Phone _____

Company Name _____
Work Address _____ _____
Work Phone _____