



AFSA Member Company User Enrollment Form

Thank you for choosing AFSA University. Please complete this form and return it to Marcy Berger at mberger@afsamail.org

A. Date: ___/___/2020

Organization Information.

- 1. Company Name: _____
- 2. Address: _____
City _____ State _____ Zip _____
- 3. Website: _____

C. Main Point of Contact (i.e. your company’s AFSA University administrator).

- 1. Name: _____
- 2. Title: _____
- 3. Direct phone number and extension: _____
- 4. e-mail: _____

D. Number of users to be registered for AFSA University (including company employees, management staff, and board of directors). A minimum number of 25 user licenses must be purchased in order to start using system. More licenses may be purchased in increments of 5. Please see section G. for more information about user licenses.

E. If you would like information about integrating your own Learning Management System (LMS) with AFSA University please provide the name of your LMS.

F. Are there any initial customization options you would like to discuss? If so, please briefly explain. We will contact you for further discussion.

G. Pricing. \$20.00 per company employee for the first year. \$18.00 per company employee for subsequent years. “User license” is the login issued to each company employee, manager, and director of the board to access AFSA University. A user license gives you unlimited access to the complete AFSA University library of 260 plus modules.

H. Enrollment Term. The start date of the annual service begins on the date of your company’s orientation call. The purpose of the call is to explain the system’s administrative functions in detail. The orientation call will be scheduled once this form is submitted. We will contact you to confirm the enrollment term start and end date.

*****Please do not write below this line. For AFSA use only*****

Orientation Call Date: _____ Enrollment Term: _____