



NEW HAMPSHIRE ASSOCIATION OF INSURANCE AGENTS Education Registration Form



Please Complete 1 Form Per Person - Copy As Needed

STUDENT INFORMATION

Name: _____ NPN or License #: _____

Agency/Company: _____

Address: _____
Street Address (No PO Boxes) City ST Zip Code

Work Phone: _____ Fax: _____ Email: _____

COURSE INFORMATION

LIFE, ACCIDENT & HEALTH WEBINAR SERIES W/TEXTBOOK Fee: \$ 265 (MEMBER)

Fee: \$ 415 (NON MEMBER)

BOOK AND HANDOUTS WILL BE SENT VIA MAIL.

LINKS TO THE 8 WEBINARS WILL BE SENT TO EMAIL LISTED ABOVE.

Total Amount Due: _____

Check here if book not wanted . Please deduct \$85 from appropriate fee above.

On-Line Fax Mail Telephone

PAYMENT METHOD

4 Ways To Register:



Check Enclosed: _____ Bill Agency (NHAIA members only): _____

Credit Cards Accepted: VISA _____ MasterCard _____ Discover _____

Credit Card Number:

Card Expiration Date: _____

V Code (security code): _____

(Found on the back of your credit card - last 3 digits on the signature line.)

Name of Cardholder: _____

Signature: _____

Please Return Registration To: New Hampshire Association of Insurance Agents
125 Airport Road, Concord, NH 03301

Questions?: 603-224-3965 In-State: 800-559-3373 Fax: 603-224-0550 www.NHAIA.com