



STUDENT INFORMATION

Name: _____ NPN or License #: _____
Agency/Company: _____
Address: _____
Street Address (No PO Boxes) City ST Zip Code
Work Phone: _____ Fax: _____ Email: _____

COURSE INFORMATION

Course Name: _____ Class Fee: _____
Course Date : _____ CE credits wanted? Yes No
Course Name: _____ Class Fee: _____
Course Date : _____ CE credits wanted? Yes No
Course Name: _____ Class Fee: _____
Course Date : _____ CE credits wanted? Yes No

Total Amount Due: _____

Send Book Now? Yes No

PAYMENT METHOD

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: _____ Billing Zip Code: _____
Signature: _____

Please Return Registration To: New Hampshire Association of Insurance Agents
6 Garvins Falls Road, Concord, NH 03301

Questions?: 603-224-3965 Fax: 603-224-0550 www.NHAIA.com

Cancellation Policy:

Cancellation fee of \$25 per day will be assessed for all cancellations. No Refunds after the Friday immediately before the class.