



NEW HAMPSHIRE ASSOCIATION OF
INSURANCE AGENTS
125 AIRPORT ROAD, CONCORD, NH 03301
Phone: 603-224-3965; Fax: 603-224-0550
Email: judy@nhaia.com

WEBINAR NAME: _____

of CEHs: _____

State you need CEHs for (please circle one): NH ME VT

Date: _____

ROSTER

I (We) hereby certify that the following individuals attended the entire webinar:

PRINT NAME	SIGNATURE	LICENSE STATE & NUMBER

Return completed roster to NHAIA within 1 hour of the end of the webinar.

CE will only be given to participants that have individually registered for the webinar.

CE will not be processed without this completed roster.