



STUDENT INFORMATION

Name: _____ NPN #: _____
Agency/Company: _____
Address: _____
Street Address City ST Zip Code
Work Phone: _____ Fax: _____ Email: _____

COURSE INFORMATION

Course Name: _____ Course Date: _____ Class Fee: _____
Course Name: _____ Course Date: _____ Class Fee: _____
Course Name: _____ Course Date: _____ Class Fee: _____
Course Name: _____ Course Date: _____ Class Fee: _____

Attending: In Person Virtual **Total Amount Due:** _____
Book mailing address: _____

PAYMENT METHOD

Check Enclosed: Bill Agency (Big I NH members only):
Credit Cards Accepted: VISA MasterCard Discover AMEX
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: Big I NH
6 Garvins Falls Road, Concord, NH 03301

Questions?: 603-224-3965 www.NHAIA.com judy@biginh.com

Cancellation Policy:
Cancellation fee of \$25 per day will be assessed for all cancellations. No Refunds within 7 days before the class.