

## NEW HAMPSHIRE ASSOCIATION OF INSURANCE AGENTS Education Registration Form



Please Complete 1 Form Per Person - Copy As Needed

STUDENT INFORMATION					
Name:		NPN or License	NPN or License #:		
Agency/Company:					
Address:					
Address: Street Address (No PO Boxes)		City	ST	Zip Code	
Work Phone: Fax	: 	Email:			
	COURSE INI	FORMATION			
LIFE, ACCIDENT & HEALTH WEBINAR SERIES W/TEXTBOOK			Fee: \$ 265 (MEMBER)		
		1	Fee: \$ 415 (NON	MEMBER)	
BOOK A	AND HANDOUTS V	VILL BE SENT VIA	MAIL.		
LINKS TO THE 8 WEBINARS WILL BE SENT TO EMAIL LISTED ABOVE.					
LIME IV THE 0 V	TEBITARS WILL I	E SENT TO EMAI	L LIGIED ADO	V 12.	
Total Amount Due:					
<b>—</b>					
Check here if book not want	ed. Please deduct	\$85 from appropriat	te fee above.		
			On-Line Fax	Mail Telephone	
PAYMENT METHOD	4 '	Ways To Register:			
Check Enclosed: Bill Age	ency (NHAIA member	s only):			
Credit Cards Accepted: VISA	MasterCar	d Discove	er		
Credit Card Number:					
Card Expiration Date:		Code (security code): _ nd on the back of your credit		e signature line.)	
Name of Cardholder:					
Signature:					
Please Return Registration To:	New Hampshire Asso 125 Airport Road, O		Agents		
<b>Questions?:</b> 603-224-3965	In-State: 800-559-33	373 Fax: 603-224-0	0550 www.NH	AIA.com	