



IIABNH Education Registration Form



Please Complete 1 Form Per Person - Copy As Needed

STUDENT INFORMATION

Name: _____ SS# or NPN #: _____

Agency/Company: _____

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

Work Phone: _____ Fax: _____ Email: _____

Weather Related contact phone number: _____

COURSE INFORMATION

Course Name: _____ Class Fee: _____

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

Course Name: _____ Class Fee: _____

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

Course Name: _____ Class Fee: _____

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

Total Amount Due: _____

ACSR Classes Only: Send Book Now? Yes ___ No ___

PAYMENT METHOD

4 Ways To Register: **On-Line Fax Mail Telephone**



Check Enclosed: ___ Bill Agency (IIABNH members only): ___

Credit Cards Accepted: VISA ___ MasterCard ___

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: Independent Insurance Agents & Brokers of N.H.
125 Airport Road, Concord, NH 03301

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

Cancellation Policy:

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