

Community Educators

continuing education for insurance and other professionals

REGISTRATION FORM

IMPORTANT ALL registrations must include the insurance producer's State License Number/National Producer Number (NPN). For Certified Financial Planner™ CE credit, indicate your CFP ID number below.

REQUIRED State License Number/National Producer No. (NPN) _____

Certified Financial Planner (CFP) ID Number (if applicable) _____

First Name _____ Middle Initial _____ Last Name _____

Employer _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Business Home Cell (please indicate)

Email Address _____

Indicate credit: Insurance CE credit only CFP credit only Both Insurance CE and CFP credit

C.E. Classroom Courses

| DATE AND LOCATION | COURSE TITLE | COST |
|-------------------|--------------|------|
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Payment: Visa MasterCard American Express Discover Check Enclosed

Credit Card Number: _____

Name on Card: _____

Address on Card: _____

Expiration Date: _____ Security Code: _____

Signature: _____

Checks payable to: **Community Educators, LLC** | PO Box 1041 | Dubuque, IA 52004-1041

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