



*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 \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Payment: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ Check Enclosed

Credit Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

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