



# NAIFA – FLORIDA

[Florida Association of  
Insurance and Financial Advisors]



**NEW!!**

## **ANNUITIES AND SENIORS: PASSING THE TEST (LEGAL AND ETHICAL)**

**NEW!!**

### **3-Hour Florida DFS-Approved Continuing Education Class**

THIS NEW UR CE COURSE SATISFIES THE NEW REQUIREMENTS FOUND IN F.S. 626.2815; AREAS OF DISCUSSION INCLUDE: APPLICATIONS, DEFINITIONS, INFORMATION REQUIREMENTS, DUTIES, ETHICAL CONSIDERATIONS, PENALTIES and UNAUTHORIZED ENTITIES

[Intermediate level 3-hour Continuing Education (#66720) for all LIFE Licensees (authority line 9911). This course meets CE requirement for agents pursuant to F.S. 626-2815.] Provider # 654.

### **ORLANDO**

**Monday, Jan 12, 2009 (8:30 – 11:30 am)**

**Dubsdread**

**549 West Par Street, Orlando, FL 32804**

**(407) 246 - 2551**

## **“Annuities and Seniors: Passing The Test (Legal and Ethical)”**

(Prefer to register online? Visit [www.faifa.org](http://www.faifa.org))

### **REGISTRATION**

**In Advance (7 days\*): Member \$35 (Non-member \$55) At the Door\*: Member \$45 (Non-member \$65)**  
(\*Registrations must be postmarked or FAX'ed (credit cards only) no later than 7 days prior to class. After deadline, space availability on a first-come, first-serve basis only. No cancellation refunds after 7 days prior to class. Please plan to arrive 30 minutes before class starts. Those arriving after class starts will not receive credit. Registration Fees do not include charges for local association meals – please contact local association for reservations and payment information, if applicable.)

Name: \_\_\_\_\_ Lic. #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Member of FAIFA?  YES  NO If member, name of Local: \_\_\_\_\_

Site/City of Class You Wish to Attend: \_\_\_\_\_

(If registering by check, must be mailed. Please make checks payable to “FAIFA.” Must be postmarked no later than 7 days prior to class. Mail registration and check to: **FAIFA, 1836 Hermitage Blvd., Ste. 200, Tallahassee, FL 32308**)

CREDIT CARD REGISTRATIONS — FAX or Mail – FAX # (850) 422-2762

MC  VISA Account # --- 3-digit CVV Code

Expiration Date \_\_\_\_\_ Print Name As it Appears on card \_\_\_\_\_

Billing Address (for the credit card) \_\_\_\_\_

Signature \_\_\_\_\_ **OFFICE USE ONLY: Date Paid** \_\_\_\_\_ **Check #** \_\_\_\_\_