



NAIFA – FLORIDA

[Florida Association of
Insurance and Financial Advisors]



IN COORDINATION WITH NAIFA – SW FLORIDA

NEW!!

ANNUITIES AND SENIORS: PASSING THE TEST [LEGAL AND ETHICAL]

NEW!!

3-Hour Florida DFS-Approved Continuing Education Class

THIS NEW 3 HOUR 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.

ESTERO

Thursday, Dec 17, 2009 (1:30 pm – 4:30 pm)

Copperleaf At The Brooks

23101 Copperleaf Blvd, Bonita Springs, Florida 34135

(239) 390 – 2027

“Annuities and Seniors: Passing The Test [Legal and Ethical]”

(Prefer to register online? Visit 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 #** _____