

Please register me for the following webinar(s):			Member Registration Fee (per person)	Non-Member Registration Fee (per person)
Date	Topic	Times (CT)		
			<input type="checkbox"/> \$45 (3-hour class)	<input type="checkbox"/> \$70 (3-hour class)
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Please verify the course number. You cannot repeat a course within your current continuing education cycle.		Total Payment	\$ _____	\$ _____

Registration Form

Full Name: _____ National Producer Number (NPN): _____

Agency Name: _____

Agency Mailing Address: _____

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Payment Options:

Enclosed is my check made payable to: **Alabama Independent Insurance Agents**

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Cancellation Policy: A written request for a one-time transfer of the full registration fee to another scheduled AIIA webinar or a refund less a \$10 cancellation fee may be made up to 24 hours before the beginning of the webinar for which the individual is registered. Substitutions are welcome — please email notification of name, National Producer Number (NPN), and email address for receiving login information.



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