CHARTERED BENEFIT CONSULTANT
REGISTRATION FORM

Thank you for your interest in the *Chartered Benefit Consultant (CBC)*™ advanced designation offering. Please complete the following information and return to us with payment or payment arrangements *AT LEAST SEVEN DAYS PRIOR TO THE FIRST DAY OF CLASS*. If you do so, you will receive a $100 discount off the normal tuition level of $499. Additionally, NAHU members receive a $60 discount, for a total tuition of $339*. PAYMENTS RECEIVED AFTER THAT DATE WILL REVERT TO THE NORMAL TUITION LEVEL OF $499 (or $439 for NAHU members).

Name: _____ (as you want it to appear on your certificate)

Address: _____

_____

Phone: _____ Fax: _____

Email Address: _____

Home State: _____ Next License Renewal Date: (mm/yyyy)
____/_____

PLEASE NOTE: When filing Insurance CE credits, some states require the use of Social Security Numbers, others require separate insurance license numbers, others require National Producer Numbers (NPNs) while still others use System IDs. PLEASE VERIFY WHICH NUMBER YOUR STATE REQUIRES BEFORE COMPLETING THIS FORM!!!

(Please **underline** which number is being entered)

Social Security State Insurance License Number NPN System ID:
License #

Please register me for the:

check one	class type	to be held at (city, state)	to be held on
X	**seminar version**	Fort Worth, Texas	January 19-20, 2012
	interactive webinar version	N/A	

PLEASE NOTE: ***Unless otherwise requested or notified prior to the class, we will file the appropriate number of CE credits with your home state insurance department for attending this class. No credits are available at this time in AK, AL, AR, CT, HI, IA, ID, KS, MA, ME, MS, MO, NH, NM, NC, ND, OK, OR, RI, SD, TN, UT and WA. Please see page 2 for alternate tuition in states where no CE credits are available.***

Signature: _____ Date: ___ ___ /___ ___

REFERRED BY**: Fort Worth AHU**

Payment Options

Check or Money Order _____ (check options 1 or 2) Credit Card _____ (all options)

Option 1 _____ I have enclosed a check, money order or provided credit card information for $339* as full payment of the tuition. *** Tuition in CE states of CA, CO, DE, DC, GA, FL, IL, IN, KY, LA, MD, MI, MN, MT, NE, NV, NJ, NY, OH, PA, SC, TX, UT, VT, VA, WI, WV, WY. Tuition is other states with no CE credits available is $250.**

Option 2 _____ I have enclosed a check, money order or provided credit card information for a deposit of $170 and understand that you will bill my credit card for the balance of $169* WITHIN 30 DAYS OF TODAY'S DATE

_____
Signature

For Option # 2, completion of the credit card information below is required. YOUR CREDIT CARD WILL ONLY BE BILLED IF YOU AUTHORIZE NAABC TO BILL YOUR CREDIT CARD FOR YOUR PAYMENT.

Please circle card type: **AMEX** ***Visa*** **MasterCard**

Card #

				XX					XX					XX					

Expiration Date: (mm/yy)

		//		

Payment Amount:

$					.		

Signature: _____ **Date**: ___ ___ / ___ ___ / ___ ___

Printed Name as it Appears on Card: _____

YOU MAY EITHER MAIL, FAX OR SCAN AND EMAIL THE COMPLETED FORM TO THE ADDRESS BELOW:

THE REGISTRATION MATERIALS NEED TO BE IN THE NAABC OFFICE AT LEAST SEVEN DAYS PRIOR TO THE FIRST DAY OF CLASS TO ASSURE OPEN ENROLLMENT TUITION RATE UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE. A FULL REFUND OF TUITION IS AVAILABLE WITH NOTICE TO NAABC AT LEAST 24 HOURS PRIOR TO THE BEGINNING OF THE FIRST DAY OF CLASS.

THANK YOU!

The National Association of
Alternative Benefit Consultants
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