



National Association of Health Underwriters
Wellness Certification Course
Registration Form

Please complete this form and submit it to:
N.A.H.U. – Attention: Yashica Joyner
2000 North 14th Street, Suite 450 Arlington, VA 22201
Phone: (703)276-3824 • Fax: (703)841-7797 • Email: yjoyner@nahu.org

REGISTRATION DETAILS

Please Print Clearly

- No cancellation refunds will be issued after seven (7) days prior to the event.
- Registration transfers are allowed up to the day of the event.
- Registrations (online or paper) must be received seven (7) days prior to the event!
- **Please fax registration only once to ensure you do not receive duplicate charges.** You can email or phone us directly for confirmation of registration receipt.

Name: _____

Address: _____

Phone: _____ **Email:** _____

Both Social and License numbers are required to process CE hours

Social Security Number*: _____

State Insurance License Number*: _____

EVENT DETAILS

Location: _____

Date: _____ **Time:** _____

REGISTRATION FEES

\$90.00 for NAHU Members

\$115.00 for Non-Members

I am a NAHU Member I am not a NAHU Member

Promotional Code: _____

PAYMENT METHOD

Check made payable to “NAHU”. *Please mail check with registration form.*

Credit Card (*Circle One*) Visa MasterCard American Express Discover
Card Number: _____ Exp: _____

Name as it appears on card: _____

Billing Address: _____

Signature: _____

Date: _____ Amount: \$ _____

By signing this form, I authorize NAHU to charge my credit card for the above amount.