Ethics Day – 2008 Registration Form
Kelley Insurance Center ◆ CPCU ◆ NAIFA ◆ SFSP

Name _____
First MI Last

NPN# _____

Official [Home] Address _____

City _____ State _____ Zip _____

Company/Agency _____

Company Address _____

City _____ State _____ Zip _____

Ph: Office _____ Home _____ Fax _____

E-mail _____

I am a member of: [Check only one]

☐ **CPCU** ☐ **NAIFA – Central Iowa** ☐ **SFSP** ☐ **NAIFA & SFSP** ☐ **UNAFFILIATED**

I will be attending the following: [Check only one]

☐ **$45 – includes continental breakfast and three hours of CE**

◆ **Registrations received after 03/20/08 and at the door will be charged a $10.00 Late Fee** ◆

I prefer to pay by: ☐ **Check – payable to *NAIFA – Central Iowa*** ☐ **VISA** ☐ **MasterCard**

Card # _____ Exp. Date _____

Name _____

Return the completed registration form ***with payment*** by **3/20/08** to

Clark Smith, Member Management Group
4507 Grand Avenue
Des Moines, IA 50312

Phone: (515) 279-2185 **Fax: (515) 271-2187** **E-mail: clark@membermgmt.com**

***Cancellation Policy**: **Full refund will be made *if* cancellation is received *in writing* by Thursday, March 20, 2008.**

CHARACTER COUNTS!SM IN IOWA