

Education Registration Form

Massachusetts Association of Insurance Agents



This registration form is a fillable pdf. Please complete one registration form per person. Mail to MAIA or Fax to (508) 634-2930.

REGISTRATION INFORMATION:

Name: _____

Agency/Company: _____

Address: _____

City/ST/Zip: _____ Phone: _____

E-mail (required): _____

				Check which type of manual you want for your classes*		HARD COPY	PDF MANUAL
Date: _____	Location: _____	Topic: _____	GL#: _____	<input type="checkbox"/> +\$25	<input type="checkbox"/> +\$0		
Date: _____	Location: _____	Topic: _____	GL#: _____	<input type="checkbox"/> +\$25	<input type="checkbox"/> +\$0		
Date: _____	Location: _____	Topic: _____	GL#: _____	<input type="checkbox"/> +\$25	<input type="checkbox"/> +\$0		
Date: _____	Location: _____	Topic: _____	GL#: _____	<input type="checkbox"/> +\$25	<input type="checkbox"/> +\$0		

If this is a **PC, PL or LAH Licensing class registration**, you **MUST** choose the version of licensing book you want to receive:
 electronic PDF or **Hard Copy Book [add \$30.00 to tuition]**

METHOD OF PAYMENT:

- I am enclosing a check for \$_____ made payable to:
MAIA, 91 Cedar Street, Milford, MA 01757.
- Register & Pay Online with a credit card at **massagent.com**[®]
- I am paying by credit card. Circle one: AMEX MC VISA

Name: _____

Card #: _____

CC Billing Address: _____

Exp. Date: _____ \$Amt.: _____ CSV#: _____

Signature: _____

STATE REQUIREMENT – MUST ANSWER

DO YOU NEED CE? NO YES

If YES, we need your ...

Resident Producer License #: _____

Resident State Licensed In: _____

If MA Resident, License Renewal Date: _____

SUBJECT TO CHANGE – KNOW WHEN YOUR CLASS STARTS – CLASS TIMES VARY – VISIT MASSAGENT.COM FOR COMPLETE INFO.

For complete descriptions of classes, policies or questions, please call Association Education at 800.742.6363.