

**APPENDIX A**

**CLASS REQUEST FORM**

The following information is required to process your request at the National Office. Please complete this form and fax to NAIFA Headquarters at (312) 673-6652 **90 days prior to your class.**

Chapter/Instructor Hosted Class     National Run Class

Chapter/Instructor Name: \_\_\_\_\_  
Number / Title of Class: \_\_\_\_\_  
Date(s): \_\_\_\_\_ Start / End Time: \_\_\_\_\_  
Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Instructor: \_\_\_\_\_ Has this instructor been confirmed? \_\_\_\_\_

The National Office will use this contact information in Marketing E-grams.  
 **For an extra \$5.00 per student we would like National to take our class registrations**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Are you the registration contact?     Yes     No  
If you are not the registration contact, please list the individual's information below.  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Registration Instructions: \_\_\_\_\_  
\_\_\_\_\_

**State Approvals**

You are allowed three state approvals including the state in which your class is being held:  
Additional State 1: \_\_\_\_\_  
Additional State 2: \_\_\_\_\_

**By signing below, I consent to all terms and conditions outlined in the 2008 Education Handbook.**  
Course Coordinator or Instructor Signature: \_\_\_\_\_