

**APPENDIX F**

<b>INSTRUCTOR HONORARIUM FORM</b>										
<b>Remit Payment to:</b>										
NAME: _____										
ADDRESS: _____										
CITY: _____ ST _____ ZIP _____										
DATE: _____ TAX ID NUMBER/SSN: _____										
Fax to Cynthia Avery at (312) 673-6652 or mail to Cynthia Avery, Senior Associate, NAIFA, 401 N. Michigan Avenue, Suite 2200, Chicago, IL 60611.										
	SUN	MON	TUES	WED	THURS	FRI	SAT	<b>TOTAL</b>		
<b>TEACHING FEE:</b>										
NAME & # OF CLASS TAUGHT _____						<b>SUMMARY</b>				
LOCATION OF CLASS (CITY, ST) _____						<table border="1" style="margin: auto;"> <tr> <td style="padding: 5px;"><b>AMOUNT DUE:</b></td> <td style="width: 100px; height: 30px;"></td> </tr> </table>			<b>AMOUNT DUE:</b>	
<b>AMOUNT DUE:</b>										
DATES OF CLASS _____										
SIGNATURE _____										