

## NAIFA CLASS REQUEST FORM

The following information is required to process your request at the NAIFA Headquarters.  
Please complete and fax this form to (312) 673-6652 no later than **90 days prior to your class.**

### Class Information:

Title of Class: _____	
Chapter Name: _____	Coordinator: _____
Class Date(s): _____	Start/End Time: _____
Location: _____	
Address: _____	
City: _____	State: _____ Zip Code: _____

### Instructor Information:

Instructor: _____	Instructor Confirmed? Y / N
_____ Certified - \$400	
_____ Senior Certified - \$500	
_____ USPAP Certified - \$600	
<b>Suggested Instructor Fees, Approved at the March Board Meeting 2010</b> <i>Final Payment Amount Should be Agreed upon between the Instructor and the Chapter</i>	

### Registration Information:

Course Cost: _____	Includes: _____
Instructions: _____	
<b>Circle One:</b>	
Chapter to Hold Registration	National to Hold Registration ( <b>Additional \$5/Student</b> )
*The following information will be used in marketing e-grams	
Contact Name: _____	Contact Name: <u>NAIFA Headquarters</u>
Phone Number: _____	Phone Number: <u>(312) 321-6830</u>
Fax Number: _____	Fax Number: <u>(312) 673-6652</u>
E-Mail Address: _____	E-Mail Address: <u>info@naifa.com</u>

### State Approval:

You may submit up to (3) state approvals including the state which you class is being held.	
State 1) _____	State 2) _____

### Class Request Confirmation:

<i>I have read and agree to abide by the information set forth in the Education Handbook, including payment of the final invoice within 45 days of receipt. I understand that unpaid invoices will result in the denial of future course requests.</i>	
Coordinator Signature: _____	Date: _____