

Registration Form
Due by Monday, March 17th

Email To:

Legacy Counsellors, P.C.

EMAIL: tbianchi@legacycounsellors.com **PHONE:** (508) 595 8574

Course:

Completed Course Name

Date of Completion

Registrant:

Name

Company/Title

Address

Last four #s of Social Security Number (**Required** for CFP CE)

CFP Board ID (**Required** for CFP CE)

Insurance License Number (**Required** for MA Insurance CE)

Phone Number

E-Mail Address (All future communication will be via e-mail)

I wish to receive:

2 hrs. Mass. Insurance CE Credit

2 hrs. Accounting CE Credit

2 hrs. CFP CE Credit

2 hrs. NH CLE Credit

2 hrs. VT CLE Credit

2 hrs. CT CLE Credit