



**National Association
of Health Underwriters**

America's Benefits Specialists

Region I Leadership Conferences

2007 Registration Form

**Wednesday, September 26
Holiday Inn of Springfield, Springfield, MA**

Name: _____ Nickname for Badge: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Local Chapter: _____

Chapter Position: _____

- I will attend **Wednesday, September 26** at the **Holiday Inn of Springfield** in **Springfield, MA**
- I am not able to attend.

Please return completed form to:

Brooke Willson, VP of Chapter Relations
NAHU
2000 N. 14th Street, Ste 450, Arlington VA 22201
Phone: (703) 276-3812
Fax: (703) 841-7797
E-Mail: bwillson@nahu.org

