

LTCi Partnership Initial Mandatory Training Course and Refresher Mandatory Training Course

Hosted by NAIFA-Pennsylvania

Two dates! Two sessions!

**Dates: Tuesday, March 6, 2012
Thursday, March 29, 2012**



Both classes will be held at NAIFA-PA headquarters, 777 East Park Drive, Harrisburg

Each session will include the 8-Hour Initial Mandatory Training Course and the 4-Hour Refresher Mandatory Training Course

Moderator: Mike Baker



| | | |
|--------------|-----------------------------|-------------------|
| TIME: | 7:30 - 8:00 AM | Registration |
| | 8:00 AM - 12:00 Noon | Morning Session |
| | 12:00 Noon - 1:00 PM | Lunch Break |
| | 1:00 - 5:00 PM | Afternoon Session |

| | | |
|--------------|---|---|
| COST: | 8-Hour Initial Mandatory Training Course | 4-Hour Refresher Mandatory Training Course |
| | <u>CE Course #117189</u> | <u>CE Course #117190</u> |
| | \$75 Members | \$50 Members |
| | \$85 Non-Members | \$60 Non-Members |

ABOUT THE MODERATOR:

Michael Baker is a member of NAIFA-Greater Harrisburg and has been in the insurance business since 1994. He is director of brokerage and affinity markets for Target Insurance Services of PA, focusing on both the individual and group long term care markets as well as the marketing of linked/combo products.

Michael has conducted hundreds of long term care insurance training/CE sessions covering sales training, marketing, products, as well as Partnership required courses. He represents Genworth, Mutual of Omaha, TransAmerica, Prudential and John Hancock. He also sells Linked Benefit products, Medicare supplements, and annuities.



REGISTRATION IS DUE BY FEBRUARY 28! For more information, contact **Susan Rupe** at NAIFA-PA, 717-234-2523 or srupe@naifa-pa.org.

LTCI Partnership Training Course and Refresher Course - Please sign me up for:

8-Hour Initial Mandatory Training Course - March 6 4-Hour Refresher Mandatory Training Course - March 6
 8-Hour Initial Mandatory Training Course - March 29 4-Hour Refresher Mandatory Training Course - March 29
Payment: Check for \$_____ enclosed. Please make checks payable to "NAIFA-PA" and send with completed form to:
Charles E. Bussard CPA, Nonprofit Accounting Services, 271 S. Hanover St., Unit #1, Carlisle, PA 17013
 Credit Card: Please fax form to 717-386-5134
 I am a NAIFA member Non-member

NAME: _____
NAIFA LOCAL: _____ **COMPANY:** _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ **E-MAIL:** _____
CREDIT CARD: Visa MasterCard AmEx Discover
CARD # _____ **EXP DATE:** _____
ACCT. NAME: _____