



**Massachusetts Association of Health Underwriters Presents.**

**Marketing Medicare Advantage & Medicare Prescription Drug Plans**

**Date:** December 15th, 2008

**Time:** 9:00 a.m. – 11:00 a.m.

**CEs:** 2 MA CE's Approved

**NEW ADDRESS and LOCATION for this class will be:** – 91 Cedar Street Milford, MA 01757

**Registration Form:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Agency/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**MUST ANSWER** *Do You Need CE?*  Yes  No

If **Yes**, we need your Social Security

Number: \_\_\_\_\_

**Method of Payment:** Please check one and **FAX** 508.634.2929 or **MAIL**

I am enclosing a check made payable to **MassAHU** -  
Attn: Kate Bardsley 91 Cedar Street Milford, MA 01757

I am paying by credit card. Mail to MassAHU or fax 508.634.2929 Att: Kate Bardsley

Please circle one:      AMEX      MC      VISA

Name: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ \$\$\$ Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

If you have any questions, please contact Kate Bardsley, Association Manager at **508.634.7373** or email her at **kbardsley@massahu.org**.