



2500 21st Avenue South, Suite 200  
Nashville, TN 37212  
615.385.1898 • [www.insurors.org](http://www.insurors.org)

### Group Continuing Education Registration Form Instructions

Discounts are available for groups viewing ABEN webcasts. Please fill out the attached Group Continuing Education Registration Form, including a Main Contact in order to establish a Group Account.

1. List Main Contact name, phone and email.
2. List all Attendees by name, email and TN Insurance license number.
3. Identify whether any Attendee has previously taken an ABEN webcast for continuing education credit.
4. Return the Registration Form to Laura Thrower at [lthrower@insurors.org](mailto:lthrower@insurors.org), or by fax at 615-385-9303. If you have questions, you may contact Laura at 615-515-2607.
5. Provide credit card information for pre-payment.
6. After registration, the **Main Contact** will be provided with personalized Attendee log-on and password information for each Attendee.
7. During the webcast, there will be a series of Verification Codes shown on screen. Attendees must keep track of these codes as they are used to confirm attendance after the conclusion of the webcast. After viewing the webcast as a group, each individual Attendee **MUST** log into their personal account and enter the required codes to ensure their participation was adequately captured on-line to receive Continuing Education credit.
8. After viewing the webcast as a group, the Main Contact or other authorized Agency representative, must return the Verification of Attendance form to Laura Thrower at [lthrower@insurors.org](mailto:lthrower@insurors.org), or by fax at 615-385-9303.

If you have questions, you may contact Laura Thrower at 615-515-2607.





2500 21st Avenue South, Suite 200  
 Nashville, TN 37212  
 615.385.1898 • [www.insurors.org](http://www.insurors.org)

## Group Verification of Attendance Form

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

Main Contact: \_\_\_\_\_ Main Contact phone: \_\_\_\_\_

Main Contact Email: \_\_\_\_\_

**Attendee List:**

Attendee Name

I hereby certify that the above listed attendees, attended the full 6 hours of continuing education via webcast and request that Insurors of Tennessee submit attendance for the above named individuals for continuing education credit with the State of Tennessee.

\_\_\_\_\_  
 Signature



2500 21st Avenue South, Suite 200  
Nashville, TN 37212  
615.385.1898 • [www.insurors.org](http://www.insurors.org)

## Credit Card Authorization

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

Main Contact: \_\_\_\_\_ Main Contact phone: \_\_\_\_\_

Main Contact Email: \_\_\_\_\_

---

Name on Credit Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Card: (Check one):  Visa  MasterCard  American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

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