



NOTICE OF SUBSEQUENT OFFERING
NORTH DAKOTA INSURANCE DEPARTMENT
 SFN 10926 (9-94)

Insurance Education (check only one)

Prelicensure Education

Continuing Education

Sponsor Name		Sponsor Number	
Sponsor Address		Telephone Number	
City	State	Zip Code	
Course Title		Course Number	

List information about future course offering(s)

DATE	TIME	LOCATION OR FACILITY WHERE COURSE WILL BE CONDUCTED	CITY	STATE

Signature of Coordinator	Date
X	

This form must be completed and filed with the Commissioner at least fifteen days prior to the date the course is repeated.

Send to: North Dakota Insurance Department
 Continuing Education Coordinator
 State Capitol - 5th Floor
 600 East Boulevard Avenue
 Bismarck, ND 58505-0320
 (701) 328-3548