



# Insurance Educators



Where we educate you about insurance!  
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## Registration Form

**Important information:** No refund for no shows. No transfers. Refund minus \$25 administration fee with 72 hours written notice prior to class. Thank you for choosing Insurance Educators Insurance School.

Name: \_\_\_\_\_  
(Print name as printed on license)

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

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

Home # \_\_\_\_\_ Work #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-Mail \_\_\_\_\_

Social Security # \_\_\_\_\_ Current License \_\_\_\_\_ L/H \_\_\_\_\_ P/L \_\_\_\_\_ LTC \_\_\_\_\_

Last 5 Digits \_\_\_\_\_ (s): \_\_\_\_\_

### **Selection:**

(Please indicate the information below)

**Class/s**

**Date/s**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Location**

\_\_\_\_\_

**Method of payments:**

**Total Amount**

Enclosed: \_\_\_\_\_

Fax with credit card

Mail checks payable to Insurance Educators

Credit card [ ] Visa or [ ] M/C

No refunds for no shows

Credit card

# \_\_\_\_\_ Signature \_\_\_\_\_

Exp. Date \_\_\_\_\_