

2010 Registration Form

Insurance Educational Association, 725 Town and Country Rd., Suite 430, Orange, CA 92868
Tel. (800) 655-4432 or (714) 689-0090 FAX (714) 689-0112 Website: www.ieatraining.com

REGISTRATION INFORMATION:

Complete form in full – type or print clearly – photocopies accepted

Registration form and fees **MUST** be received no later than 7 days prior to program start date. You will receive a confirmation/receipt of your registration when tuition fees are paid in full. IEA is not responsible for non-receipt of confirmation postcard. Checks returned for any reason require an additional

processing fee of \$25. Please retain a copy of your completed registration form for your files.

Please be sure to read the registration information on page 24 in full.

Broker-Agent License No. (Required for agent/broker/CE Credit) _____

First Name _____ M.I. _____ Last Name _____

Home Address (Include apt./unit no.) _____

City/State/Zip _____ Home Telephone _____

Employer _____

Address (Include suite no.) _____

City/State/Zip _____ Daytime Telephone _____ Ext. _____

E-mail Address _____ Fax No. _____

Membership No. _____ If paying the member fee, company or individual member number must be included.

I am employed by: _____ 1-Insurance Company _____ 2-Self-Insured Co. _____ 3-Reinsurance Co. _____ 4-Agency/Brokerage
_____ 5-Adjusting _____ 6-Service Bureau _____ 7-Rehabilitation Co. _____ 8-Law Firm _____ 9-Other _____

To Persons with Disabilities: I would like to request reasonable accommodations. _____

Student Signature Required _____ Date _____

I have read and accept all enrollment and withdrawal policies as stated on this page.

Semester Course, Online, Prelicensing and Seminar Registration

Please register me in:

Code _____	City _____	Start Date/Time _____	Fee \$ _____
Code _____	City _____	Start Date/Time _____	Fee \$ _____
Code _____	City _____	Start Date/Time _____	Fee \$ _____
Code _____	City _____	Start Date/Time _____	Fee \$ _____

Fees paid by: Company Student **Make checks payable to IEA.**

We accept: Visa Mastercard American Express Discover

Card No. _____ Exp. (Mo/Yr) _____

Signature of cardholder _____

SEMESTER COURSE / ONLINE WITHDRAWAL POLICY: Notification of withdrawal **MUST BE IN WRITING**. Include name, class and location. Mail, FAX or e-mail (info@ieatraining.com) to IEA. Amount of refund (if any) will be based on the postmark of the envelope or submittal date. No exception to refund policy will be made for postponed classes. All fees include a NON-REFUNDABLE administration charge of \$30.00. If IEA cancels the class, fee will be refunded in full. Allow 6 weeks for refund. Administration fee will be deducted and refunds will be calculated as follows: **Before 1st class - 100% — Before 2nd class - 80% — After 2nd class - NO REFUND**. There is a \$25 transfer fee for transfers from one program or location to another, including student substitutions.

SEMINAR/PRELICENSING WITHDRAWAL POLICY: Notification of withdrawal **MUST BE IN WRITING**. Include name, class and location. Mail, FAX or e-mail (info@ieatraining.com) to IEA no later than 5 WORKING DAYS prior to program date. A \$30.00 administration charge will be deducted from all refunds. If you do not attend the program and fail to cancel your reservation, no refund will be approved. No exception to policy will be made. Allow 6 weeks for refund. There is a \$25 transfer fee for transfers from one program or location to another including student substitutions.