

Pay By Check: Mail In Registration

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Complete form and mail to: IEA, 725 Town & Country Road, Suite 430, Orange, CA 92868

Once payment is received IEA will register your video selections and you will be emailed your login information. All videos have a 5 day viewing duration or completion of quiz, whichever comes first. With your registration and access to your video selections you are agreeing to viewing terms and conditions which can be found at www.ieatraining.com/videotermsandconditions. Upon successful completion of your viewing IEA will email view a certificate of completion. IEA is not responsible for an inaccurate delivery email address. Reissue of duplicate certificate of completion is subject to \$10.00 charge.

VIEWER 1:

New Viewer Returning Viewer

Name: _____ Phone: _____ Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Signature: _____ Date: _____

Video Title: _____ \$ _____

Are you seeking CE?

WCCP/CPDM/CCMP CA Agent/Broker: Broker # _____ CA Adjuster: Adj # _____ CA MCLE CA BRN

Video Title: _____ \$ _____

Are you seeking CE?

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VIEWER 2:

New Viewer Returning Viewer

Name: _____ Phone: _____ Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Signature: _____ Date: _____

Video Title: _____ \$ _____

Are you seeking CE?

WCCP/CPDM/CCMP CA Agent/Broker: Broker # _____ CA Adjuster: Adj # _____ CA MCLE CA BRN

Video Title: _____ \$ _____

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VIEWER 3:

New Viewer

Returning Viewer

Name: _____ Phone: _____ Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Signature: _____ Date: _____

Video Title: _____ \$ _____

Are you seeking CE?

WCCP/CPDM/CCMP CA Agent/Broker: Broker # _____ CA Adjuster: Adj # _____ CA MCLE CA BRN

Video Title: _____ \$ _____

Are you seeking CE?

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VIEWER 4:

New Viewer

Returning Viewer

Name: _____ Phone: _____ Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Signature: _____ Date: _____

Video Title: _____ \$ _____

Are you seeking CE?

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Video Title: _____ \$ _____

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VIEWER 5:

New Viewer Returning Viewer

Name: _____ Phone: _____ Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Signature: _____ Date: _____

Video Title: _____ \$ _____

Are you seeking CE?

WCCP/CPDM/CCMP CA Agent/Broker: Broker # _____ CA Adjuster: Adj # _____ CA MCLE CA BRN

Video Title: _____ \$ _____

Are you seeking CE?

WCCP/CPDM/CCMP CA Agent/Broker: Broker # _____ CA Adjuster: Adj # _____ CA MCLE CA BRN

VIEWER 6:

New Viewer Returning Viewer

Name: _____ Phone: _____ Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Signature: _____ Date: _____

Video Title: _____ \$ _____

Are you seeking CE?

WCCP/CPDM/CCMP CA Agent/Broker: Broker # _____ CA Adjuster: Adj # _____ CA MCLE CA BRN

Video Title: _____ \$ _____

Are you seeking CE?

WCCP/CPDM/CCMP CA Agent/Broker: Broker # _____ CA Adjuster: Adj # _____ CA MCLE CA BRN