

Registration Form

Insurance Educational Association, 2670 North Main Street, Suite 350, Santa Ana, CA 92705
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 should be received no later than one week prior to program start date. Late enrollment is accepted as space allows and should be confirmed by calling the IEA office. 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 \$20. Please retain a copy of your completed registration form for your files.

Mailing Code from above your name on address panel _____

Social Security Number (Required for DOI CE) _____ Gender M ___ F ___

Broker-Agent License No. (Required for DOI 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 code must be included. Refer to Membership List.

I am employed by: _____1-Insurance Company _____2-Self-Insured Co. _____3-Reinsurance Co. _____4-Agency/Brokerage _____5-Adjusting Co.
_____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 understand all enrollment and withdrawal information as noted below.

Semester Class, Prelicensing and Workshop Registration

Please register me in:

Code _____ City _____ Start Date _____ Fee \$ _____

Code _____ City _____ Start Date _____ Fee \$ _____

Self-Study Order Form

Course Title _____ Quantity _____ Price \$ _____ Total \$ _____

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Please add Sales Tax 7.75% (.0775) per order \$ _____

Shipping/Handling \$8 for first course, \$3 each additional course \$ _____ Grand Total \$ _____

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

We accept: Visa Mastercard American Express Card No. _____ Exp. (Mo/Yr) _____

Signature of cardholder _____

SEMESTER CLASS / ONLINE WITHDRAWAL POLICY: Notification of withdrawal *MUST BE IN WRITING*. Include name, Social Security no., 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 semester class 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.

WORKSHOP/PRELICENSING WITHDRAWAL POLICY: Refunds are granted only if requested IN WRITING and POSTMARKED, FAXED or EMAILED no later than 5 WORKING DAYS prior to program date. A \$30.00 administration charge will be deducted from all workshop refunds. If you do not attend a workshop 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.