

4 EASY WAYS TO REGISTER



**Insurance Agents
& Brokers**

➤ WEB: IABFORME.COM/EDUCATION

➤ PHONE: 800-998-9644
717-795-9100

➤ MAIL: 5050 RITTER ROAD
MECHANICSBURG, PA 17055-4879

➤ FAX: 717-795-8347

WHAT SEMINAR WOULD YOU LIKE TO ATTEND? *Duplicate form as needed.*

SEMINAR _____ DATE _____ CITY/STATE _____

FOR LICENSING SELF-STUDY PACKAGES ONLY: Which line? Life & Health Property & Casualty Which state? PA DE MD

FOR ON-DEMAND COURSES: I understand that I have 30 days from my registration date to complete the course. Initial here: _____

PLEASE PROVIDE THE INFORMATION BELOW

FIRST NAME _____ MI _____ LAST NAME _____ SUFFIX _____

DESIGNATIONS EARNED _____ NAME/NICKNAME FOR BADGE _____

COMPANY NAME _____ Agency Insurance Company Other

ADDRESS _____ Main Office Branch Office Home/Other
Physical address required for shipping licensing materials.

CITY _____ ST _____ ZIP _____

TELEPHONE _____ FAX _____ EMAIL (REQUIRED) _____

PLEASE INDICATE BELOW WHICH BEST DESCRIBES YOUR PRIMARY JOB FUNCTION

Account Manager/Executive Agency Operations Manager Agency Principal Agency Producer General CSR
Insurance Company Employee Commercial Lines CSR Personal Lines CSR Unlicensed Support Staff Other

REQUIRED INFORMATION FOR CE FILING

REQUESTING CE CREDITS? YES NO STATE OF LICENSURE _____ STATE LICENSE NUMBER _____

BIRTHDATE _____ NATIONAL PRODUCER NUMBER _____

METHOD OF PAYMENT

TOTAL DUE (AS NOTED IN SEMINAR DESCRIPTION): \$ _____ Payment must accompany form.

METHOD OF PAYMENT: CHECK ENCLOSED - PAYABLE TO IA&B. Returned checks may be assessed a \$20 fee.
 CHARGE MY PERSONAL CARD. Credit and debit cards are processed upon arrival.
 CHARGE MY CORPORATE CARD. Receipts mailed upon request.

CREDIT CARD: _____ EXP. DATE: _____ / _____

NAME OF CARDHOLDER (PLEASE PRINT): _____ CARD TYPE: VISA MASTERCARD AMEX DISCOVER

SIGNATURE OF CARDHOLDER: _____

IA&B USE ONLY

DATE REC: _____

BALANCE DUE: _____

AMOUNT REC: _____

CHECK #: _____