



# 2018 Registration Form

THIS FORM MAY BE DUPLICATED.

## 4 Easy Ways to Register

- Web:\*** IABforME.com/education
- Phone:\*** (800) 998-9644 or (717) 795-9100
- Fax:** (717) 795-8347
- Mail:\*** 5050 Ritter Road  
Mechanicsburg, PA 17055-4879

**\*Secure for credit/debit card payment.**

### REGISTRATION INFORMATION

Program \_\_\_\_\_ Date(s) \_\_\_\_\_ Location (City, State) \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Designations Earned \_\_\_\_\_ Nickname for Badge \_\_\_\_\_

Agency/Company Name  Agency  Insurance Company  Other

Agency/Company Address\*  Main Office  Branch Office  Home/Other

*\*Physical shipping address required for licensing courses.*

City \_\_\_\_\_ State \_\_\_\_\_ Zip + Four \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address (REQUIRED) \_\_\_\_\_

### REQUIRED INFORMATION FOR CE FILING:

Requesting CE credits?  Yes  No

State of Licensure \_\_\_\_\_

State License Number \_\_\_\_\_

Birth Date \_\_\_\_\_ National Producer Number \_\_\_\_\_

### METHOD OF PAYMENT:

**Total Registration Fee \$** \_\_\_\_\_

*Indicate registration fee from applicable course description page.*

***Fee must accompany registration form. All fees include DE, MD & PA CE filing fees.***

Check enclosed payable to **IA&B**.

*Returned checks may be assessed a \$20 fee.*

Charge my:  Personal **OR**  Corporate credit/debit card (complete information below)  
 Visa  MasterCard  American Express  Discover

Credit/Debit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name of Cardholder (PRINT) \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Credit/Debit cards are processed upon arrival. Receipts mailed upon request.

### REGISTRATION INFORMATION

Full registration fee must accompany registration form. All fees include instruction, materials, coffee breaks, lunch (except CIC and JKR seminars) and Pennsylvania, Maryland and Delaware continuing education filing fees. The difference in member and non-member fees may be applied toward new membership if eligible. Registration fees are deductible as ordinary business expenses but may not be deducted as charitable contributions. Fees, dates and locations are subject to change.

### REGISTRATION CHANGE POLICY

Registration changes received more than 10 days before the course are fully refundable or transferrable. After that, registration changes are subject to a 25% penalty. Substitutions are honored any time. No shows result in registration fee forfeiture. Please contact the IA&B Member Service Center regarding penalties for licensing changes.

### CONTINUING EDUCATION

Full attendance is required for continuing education credit; partial credit will not be granted. Credit approval is subject to re-evaluation by the state insurance department.

### PROGRAM CONFIRMATION

Confirmation is e-mailed upon registration and includes course agenda along with hotel information.

### AMERICANS WITH DISABILITIES ACT

In accordance with Title III of the Americans with Disabilities Act (ADA), program registrants with disabilities may request special accommodations. Please submit requests to IA&B in advance.

### Please indicate which of the options below best describes your primary job function:

- |  |   |
|--|---|
| <input type="checkbox"/> Account Mgr/Exec          | <input type="checkbox"/> General CSR                |
| <input type="checkbox"/> Agency Operations Manager | <input type="checkbox"/> Insurance Company Employee |
| <input type="checkbox"/> Agency Principal          | <input type="checkbox"/> Personal Lines CSR         |
| <input type="checkbox"/> Agency Producer           | <input type="checkbox"/> Unlicensed Support Staff   |
| <input type="checkbox"/> Commercial Lines CSR      | <input type="checkbox"/> Other                      |

### Licensing Self-Study Packages:

Choose the line of authority and state in which you need to get licensed:

- |  |  |                             |
|--|--|-----------------------------|
| <input type="checkbox"/> Life & Health | <input type="checkbox"/> Property & Casualty |                             |
| <input type="checkbox"/> PA            | <input type="checkbox"/> MD                  | <input type="checkbox"/> DE |

### On-Demand Registration:

I understand that I have 30 days from my registration date to access the course. \_\_\_\_\_ initials



INSURANCE AGENTS & BROKERS

### IAB Office Use Only:

Date: \_\_\_\_\_  
 Check#: \_\_\_\_\_ P or A  
 Code: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Entered: \_\_\_\_\_  
 Source code: PDCAT18