

# 4 EASY WAYS TO REGISTER



**Insurance Agents  
& Brokers**

➤ WEB: IABFORME.COM/EDUCATION  
➤ MAIL: 650 WILSON LANE, SUITE 200  
MECHANICSBURG, PA 17055

➤ PHONE: 800-998-9644  
717-795-9100

## 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: \_\_\_\_\_ / \_\_\_\_\_ CVV: \_\_\_\_\_ NAME OF CARDHOLDER (PLEASE PRINT): \_\_\_\_\_

CARD TYPE:  VISA  MASTERCARD  AMEX  DISCOVER SIGNATURE OF CARDHOLDER: \_\_\_\_\_

IA&B USE ONLY

DATE REC: \_\_\_\_\_

AMOUNT REC: \_\_\_\_\_

CHECK #: \_\_\_\_\_

PERS  CORP