

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: _____ / _____ 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