

Course Order Form

Name of Broker or Firm: _____

Address: _____

Town: _____ Zip: _____

Telephone: _____

Email: _____

Name(s) of courses ordered: _____

Course date and time: _____

Second choice: _____

Course location (if different from address above):

**Include list of all people attending for CE credit:
name and social security number required for
attendance certificate.**

Tuition

2 credit courses cost \$350 + \$50 per person over 6 people

3 credit courses cost \$450 + \$50 per person over 6 people

Combined 5 credit courses cost \$750 + \$75 per person over 6 people

All courses are pre-paid

Mail this form, the student list and payment to:

INSURANCE CONTINUING ED

P.O. Box 883

South Easton, MA 02375