## **REGISTRATION SLIP FOR AGENTS**

## PLEASE PRINT LEGIBLY TO ASSURE PROPER CREDIT

10					DATE:
AN	MOUNT PAID \$	BY: CHECK #	MONEY OF	RDER#	
THE PI	RICE IS \$45 PER	COURSE / TAKE	ALL SIX FOR \$2	225 (GET ON	E FREE!)
THE CLASS	SES BELOW ARE	HELD IN ORDER OF	N TUES., WED. &	THURS. (8:30A	M & 1:00PM)
<u>PL</u>		X AND FILL IN DAT PEAT THE SAME COURS			PARTITION OF THE PARTIT
☐ <b>DATE</b> :	AGTS. ETHICAL ST	ANDARDS W / CASE STUD	IES / 4-HOURS ETHICS	/ COURSE #146822	TUESDAY @8:30
☐ <b>DATE</b> :	FEATURING 4HR. F	OŁLOW-UP LTCP CE COU	RSE / 4-HOURS L&H /L	TC / COURSE #1467	76 / TUESDAY @1:00
☐ <b>DATE</b> :	ANNUITIES AND MA	NDATED COMPLIANCE R	ULES / 4-HOURS L&H /	COURSE #146824 V	VEDNESDAY @8:30
☐ DATE:	UPDATE HEALTH S	AVINGS ACCOUNTS & IRA	As / 4-HOURS L&H / CO	URSE #146828 / WEI	ONESDAY @1:00
☐ DATE:	IDENTITY THEFT, M	IONEY LAUNDERING & M	ORE / 4-HOURS P&C / C	COURSE #600005116	3 / THURSDAY @8:30
☐ <b>DATE</b> :	HOMEOWNERS, CO	NDO, RENTERS INS. ENDS	. / 4-HOURS P&C / COUI	RSE #146826 / THUR	RSDAY @1:00
	PLEASE	PRINT NAME AS LISTE	D ON INSURANCE LI	CENSE	
CLASSES CONDUCTED VIA ZOOM					
LAST NAME:		FIRST NA	ME:		M.I
PLE	EASE USE ADDRES	SS WHERE YOU WISI	H TO HAVE YOUR	CE BOOKS MA	<u>(ILED</u>
MAILING ADDRESS: CITY: STATE:ZIP:					
		T: ()	28		
E-MAIL ADDRESS:					
NATIONAL PRODUCER NUMBER: BIRTH MONTH: ODD/EVEN BIRTH YEAR:					
		DIFACE MAIL TO THE	ADDRESS DELOW		

P.A.I.R , Inc..
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