

REGISTRATION SLIP FOR AGENTS 2024 DATE: _____

THE PRICE IS \$50 PER COURSE / TAKE ALL SIX FOR \$250 / \$200 IF THE BOOKS ARE EMAILED (GET ONE FREE!)

AMOUNT PAID \$ _____ BY: CHECK # _____ SQUARE: CASH: MONEY ORDER # _____

- CHECK HERE TO HAVE AN INVOICE E-MAILED TO PAY WITH CREDIT OR DEBIT CARD
- CHECK HERE IF YOU WOULD LIKE TO HAVE YOUR BOOKS E-MAILED FOR A \$10 DISCOUNT PER COURSE
- CHECK HERE IF YOU WOULD LIKE TO HAVE YOUR BOOKS MAILED TO YOUR ADDRESS BELOW

THE CLASSES BELOW ARE HELD 8:30AM OR 1:00PM

PLEASE CHECK BOX AND FILL IN THE DATE FOR EACH DESIRED CE COURSE
(YOU CANNOT REPEAT THE SAME COURSE NUMBER IN THE PAST 24 MONTHS)

- DATE: _____ 8:30 AGENTS ETHICAL STANDARDS WITH CASE STUDIES LIVE / WEBINAR
TUESDAY 4-HOURS ETHICS / COURSE #6000152949
- DATE: _____ 1:00 LIFE INSURANCE TYPES INCLUDING INDEXED UNIVERSAL LIFE LIVE / WEBINAR
TUESDAY 4-HOURS L&H / COURSE #6000157935
- DATE: _____ 8:30 MEDICARE UPDATE INCLUDING MEDIGAP AND ADVANTAGE PLANS LIVE/WEBINAR
WEDNESDAY 4-HOURS L&H / COURSE #6000165947
- DATE: _____ 1:00 UPDATE HEALTH SAVINGS ACCOUNTS & IRA's LIVE / WEBINAR
WEDNESDAY 4-HOURS L&H / COURSE #6000129786
- DATE: _____ 8:30 PERSONAL UMBRELLA INSURANCE WITH CASE STUDIES LIVE / WEBINAR
THURSDAY 4-HOURS P&C / COURSE #6000158410
- DATE: _____ 1:00 HOMEOWNERS, CONDO & RENTERS INSURANCE LIVE / WEBINAR
THURSDAY 4-HOURS P&C / COURSE #6000158662

PLEASE PRINT NAME AS LISTED ON INSURANCE LICENSE

LAST NAME: _____ FIRST NAME: _____ M.I. _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BEST PHONE NUMBER FOR CONTACT: (_____) _____

E-MAIL ADDRESS: _____

NATIONAL PRODUCER NUMBER: _____ BIRTH MONTH: _____ ODD/EVEN BIRTH YEAR: _____

Please complete and mail to the address below or email to tjpair@gmail.com

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