



**CORRESPONDENCE
ENROLLMENT APPLICATION**

FIRST/LAST NAME
SOCIAL SECURITY (last 4 digits)
PHONE
ADDRESS TO MAIL MATERIAL
EMAIL ADDRESS
CORRESPONDENCE COURSES:
<input type="checkbox"/> Property <input type="checkbox"/> Casualty <input type="checkbox"/> Personal Lines <input type="checkbox"/> Adjusters
<input type="checkbox"/> Life <input type="checkbox"/> Accident & Health <input type="checkbox"/> Medicare Supp/LTC
FEE ENCLOSED: \$
<i>(Add \$5 for credit card per class)</i>
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Check
Credit Card Number
Expiration Date / 3-Digit Code
Card Holder Name (PRINT)
<input type="checkbox"/> Email me a copy of the receipt.
EMAIL ADDRESS (if different from above)

ALL FEES ARE DUE PRIOR TO THE MAILING OF THE MATERIAL. THIS IS A NON-REFUNDABLE PROGRAM. THE PROGRAM EXPIRES 6 MONTHS FROM THE DATE OF PURCHASE.

MAIL/FAX this form with your payment to:

Insurance Educational Systems
4917 Waters Edge Drive Ste. 239-1 Raleigh, NC 27606
(O) 919-859-2104 (F) 800-971-4371

www.iesnc.com

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