

ENROLLMENT APPLICATION

FULL NAME _____

SOCIAL SECURITY _____
(Last 4 digits only)

HOME PHONE _____

ADDRESS _____

COMPANY _____

BUSINESS PHONE _____

EMAIL _____

WILL ATTEND CLASS (Date) _____

LOCATION OF SCHOOL:

- | | |
|---|--|
| <input type="checkbox"/> Asheville | <input type="checkbox"/> Winston-Salem / Triad |
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Wilmington |
| <input type="checkbox"/> Raleigh/
Durham | <input type="checkbox"/> Fayetteville |
| | <input type="checkbox"/> Greenville |

SCHOOL ATTENDING:

- Property / Casualty
 Personal Lines
 Life Accident & Health
 Medicare Supplement / Long Term Care
 Adjusters

FEE ENCLOSED: \$ _____
(add \$5.00 for credit card)

MasterCard Discover Visa

Credit Card Number _____

Expiration Date ____/____ Security Code _____

Card Holder
Signature _____

ALL FEES PAYABLE PRIOR TO CLASS!
Credit Card payment [NOT] accepted at class.
Add \$5.00 for credit card payment

*Please clip this application
and mail it with your payment to:*

Insurance Educational Systems

4915 Waters Edge Drive STE 275
RALEIGH, NC 27606

info: www.iesnc.com

RALEIGH ONLY: (919) 859-2104
1-800-IES-2161