



INDEPENDENT INSURANCE AGENTS
OF NORTH CAROLINA

EDUCATION COURSE REGISTRATION FORM

Please print/type in black ink. Use a separate form for each person attending and for each course.

Course Fees: Payment must be received with registration.

Visit www.iianc.com to register online and be placed in the course immediately!

Course	Member	Non-Member	Course	Member	Non-Member
CIC Institutes	\$390	\$390	CRIS	\$150	\$250
CIC Graduate Seminar (must be a CIC)	\$420	\$420	E&O	\$60 (\$30 IIANC E&O)	\$160
CISR	\$135	\$135	Pre-Licensing	\$300*/\$275	\$500*/\$475
CISR Wm. T. Hold Learning Seminar	\$140	\$140	3 Hr. Focus	\$45	\$80
Dynamics of Service	\$140	\$140	6 Hr. Focus	\$90	\$160
AAI Classes (per segment)	\$150	\$175	3 Hr. Premier	\$50	\$90
			6 Hr. Premier	\$100	\$180

*Higher fee for Pre-Licensing includes exam simulator study aid

Course Name: _____ Course Date: _____ ^{AM} / ^{PM} City: _____

CIC Registrants: Is this your first CIC Institute? () Yes () No

Registrant's Name: _____ () Mr. () Ms. () Mrs. () Miss
(List name as it is shown at the Department of Insurance in order to receive CE credit.)

Name for Badge: _____ Designations: _____

NPN: _____ DOB: ____/____/____ SS# (last 4): _____

Agency/Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Ext: ____ Fax: (____) _____ Email: _____

I understand that by providing the above contact information, I consent to receive communications sent by or on behalf of IIANC and its subsidiaries and affiliates via mail, email, telephone or fax.

Signature: _____ Date: _____

PAYMENT INFORMATION (must send with registration) Amount Submitted: \$ _____

() Check Enclosed - payable to IIANC () MasterCard () VISA () American Express (no other credit cards accepted)



Credit Card No.: _____ CVV2 No.: _____ Expiration Date: _____

Name on Card: _____ Visa & MasterCard CVV2# _____ American Express CVV2# _____

Signature: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

SEND FORM & PAYMENT TO: IIANC, PO Box 1165, Cary, NC 27512. If paying by credit card, you may fax registration to: 919-882-9881. Questions?? Email: aknott@iianc.com Call: 800-849-6556 or 919-828-4371

CANCELLATION OR CHANGE OF REGISTRATION: Notice of cancellation must be in writing. No refunds on any cancellation postmarked or faxed within 5 business days of the class date. **Any changes** made regarding this registration after receipt by IIANC **will incur a \$25 processing fee**. Cancellations of a CIC Institute or James K. Ruble Graduate Seminar within **10 business days** of the institute **will incur a \$100.00 processing fee**. IIANC reserves the right to reschedule or cancel classes or change class facility/hotel location. Registrants will be notified of any changes promptly.

CONFIRMATION: A confirmation of registration will be sent via email approximately two weeks before the course. **You are responsible for:**
(1) confirming that you have not taken this course in your current compliance period (Call the NC DOI at 800-931-7111 to check the course number);
(2) making, confirming, and cancelling your hotel reservations if needed.

ADA POLICY: IIANC complies with Title III of the Americans with Disabilities Act. We invite all registrants to advise us of any disability and any requests for accommodation to that disability. Your request should be submitted as far in advance as possible.