



FIRST NAME: _____ LAST NAME: _____

JOB TITLE: ☐ Principal/Owner ☐ Office Manager ☐ Producer ☐ CSR ☐ Other

AGENCY/COMPANY: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

EMAIL: _____

Course Title	Date	Taking Exam?	Fee
		<input type="checkbox"/> Y <input type="checkbox"/> N	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	\$
		<input type="checkbox"/> Y <input type="checkbox"/> N	\$

**FOR CREDIT CARD PAYMENTS VISIT IIARI.COM OR CALL US AT 401-732-2400.
THIS POLICY IS TO PROTECT YOUR PRIVACY. ONLINE TRANSACTIONS ARE ENCRYPTED.**

Return completed form and make checks payable to:

IIARI
2400 POST ROAD
WARWICK, RI 02886

Cancellation Policy

To receive a full refund, IIARI must receive a request no later than three (3) days prior to the class and any study material must be returned. Requests received within the three (3) day period are subject to a 20% cancellation fee. "No Shows" forfeit the entire registration fee.

ADMINISTRATIVE USE ONLY

PAYMENT:

NOTES:



**INDEPENDENT INSURANCE
AGENTS of RHODE ISLAND**