



IIARI Education Registration Form

First Name:

Last Name:

Job Title: *Principal/Owner* *Office Manager* *Producer* *CSR*

Agency/Company Name:

Business Address Line 1:

Business Address Line 2:

City: How would you like to receive materials:

State: Zip: - Electronic

Telephone: - - Ext Paper

Email:

Course Title	Date	Taking Exam?	Fee
	/ /	Y N	\$
	/ /	Y N	\$
	/ /	Y N	\$
	/ /	Y N	\$
	/ /	Y N	\$

FOR CREDIT CARD PAYMENTS VISIT WWW.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: