

DOHRN "Do -It Yourself" CE Registration Form

Each person submitting a continuing education course order must complete this form, adding the total cost as indicated along with a payment method. **For faxed orders, a valid credit card number, credit card billing address and signature must be provided.** All payments of money order or check must be mailed to us at our address.

EACH COURSE LISTED BELOW PROVIDES 15 HOURS OF CE CREDIT. Place an "X" next to your course choice(s)

_____ ISIP #1 _____ PFP #2 _____ UPL #3 _____ FIL #4
_____ EPB #5 _____ BIB #6 _____ RPP #7 _____ RM #8 _____ BP # 9

Cost of a SINGLE COURSE = \$27.00 + \$5.00 shipping* TWO COURSES (30hrs.) For \$ 45.00 + \$7.50 shipping*
All course orders are shipped by either first class mail or by UPS at our choice.

*To avoid material and shipping fees you must either arrange a pick-up at our office or access the course materials ONLINE at www.dohrnit.com

Indicate type of order (Single or Two Course Order):

_____ This is a **single order** for 15 hours of credit, enclosed is my **\$32.00** payment as indicated below.

_____ This is a **2 course order for \$52.50 (30 hrs) for one person, enclosed is my payment as indicated below.**

Ship to : (Please give us a business address, if possible, for better and faster delivery of your order)

Bus.
Name _____ Name _____ SS# _____
Street _____ City _____ Zip _____

Check Here if a Business Address _____ **Daytime Phone:** () _____
(Office in Home does not qualify- must be a commercial address)

Payment method (please indicate) _____ MO _____ Check _____ Credit Card

Note: Payment by check will delay course completion reporting by 10 business days, therefore if you need your completed course work reported quickly, we recommend payment by Money Order or credit card.

By submitting this registration form to Dohrn Insurance Training, Inc, the purchaser agrees 1) that course cancellation is available only for tens days from your order placement date and that a \$15 cancellation will be deducted from the amount refunded AND 2) no course can be transferred from one individual to another. Also all course cancellations must be submitted in writing and received by Dohrn within the allotted ten day period.

Credit card number _____ Exp date (Mo/Yr) ____/____ **Signature** _____

I authorize the sum of \$ _____ to be charged to the account listed above. _____
(Print Cardholder Name Here)

Credit Card Billing Address (if different from the shipping address, above): PLEASE PRINT CLEARLY

Name of Cardholder _____ Billing Street address _____
(If different from above)
City _____ St. _____ Zip _____

**For Fastest Service Fax Order to 847-455-1153 with credit card payment or Mail with payment to
Dohrn Insurance Training, Inc., 8517 W. Grand Ave, River Grove, IL 60171**

IF YOU ARE A NEW CLIENT BEING REFERRED FROM AN ACTIVE DOHRN CLIENT:

LAST FOUR DIGITS
NAME OF CLIENT: _____ OF CLIENT'S SS# _____

Daytime phone number of active Dohrn client making this referral: _____

(Without exception, if the area immediately above in this section is left blank at the time of order placement with Dohrn then NO REFERRAL CREDIT for a new client can be given.)