

# Dohrn Insurance Training, Inc. **REGISTRATION FORM** **for PRE-LICENSING SELFSTUDY (AS OF 1/1/07)**

PLACE AN "X" NEXT TO YOUR COURSE CHOICE(S)(Form may be reproduced for group orders):

\_\_\_ LIFE ONLY(L) \_\_\_ HEALTH ONLY(H) \_\_\_ LIFE & HEALTH(L&H)

\_\_\_ PROPERTY ONLY(P) \_\_\_ CASUALTY ONLY (C) \_\_\_ PROPERTY & CASUALTY (P&C)

## **SELF STUDY Fees:**

**L or H or P or C only: \$65 (one line); L&H or P&C: \$89 each (two lines)**

(Deduct \$5 per person for groups of two or more individuals when order is placed at the same time and shipment is made to a single address. Each Individual must complete a separate registration form).

## **SHIP MATERIALS TO:**

**TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_**

STUDENT NAME \_\_\_\_\_ Bus. Firm \_\_\_\_\_ SS# \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**Daytime Phone (very important): (     )**

-----  
**IF PAYMENT IS BY CHECK OR MONEY ORDER PLEASE INDICATE: CHECK \_\_\_\_\_ M.O. \_\_\_\_\_**

*Note: Payment by check will delay course completion reporting for up to two weeks; therefore if you need to complete your course work quickly, we recommend Money Order or credit card as your payment form.*

## **SORRY BUT WE CANNOT ACCEPT CREDIT CARD ORDERS WITHOUT SIGNATURE BELOW**

*Purchaser acknowledges, as a condition of purchase, that there is a right to cancel within 10 days of the shipment date of course materials subject to a \$15 cancellation fee. After this ten day period there is no opportunity for any refund amount.*

**REQUIRED CREDIT CARD INFORMATION - Bill my account for the total amount shown above:**

**CREDIT CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_**  
**MO. / YEAR**

**CARDHOLDER NAME \_\_\_\_\_**  
**(PRINT) \_\_\_\_\_ Cardholder Signature**

**If Credit card billing address is different than the shipping address above, you must provide below:**

Card Billing  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

**By submitting this registration form to Dohrn Insurance Training, Inc, the above purchaser acknowledges that all cancellation, refund and transfer policies in effect as of the date of order placement are accepted and understood. Transfer of ownership of any course from the original purchaser to any other party is prohibited.**

---

**2 WAYS TO** 1) Complete this form, enclose payment and **MAIL** to : DOHRN INSURANCE TRAINING, INC.  
8517 W. GRAND AVE., UNIT C, RIVER GROVE, IL. 60171

**REGISTER** 2) COMPLETE AND **FAX** ORDER FORM **WITH CREDIT CARD INFO:1-847-455-1153**

**ALSO AVAILABLE: "LONG-TERM CARE PARTNERSHIP INSURANCE REQUIRED TRAINING" (8 HOURS Continuing Education ONLY: \$30 when ordered with at least one prelicensing course program, otherwise \$37 when ordered alone online; \$42 to have course materials shipped)**

**CIRCLE THIS AREA TO ORDER Partnership Long Term Care AND ENCLOSE IN PAYMENT TOTAL, ABOVE**

***CIRCLE THIS AREA TO ORDER Long Term Care  
AND ADD \$30 TO PAYMENT TOTAL, ABOVE***