

# Dohrn Insurance Training, Inc. REGISTRATION FORM

## PRE-LICENSING SEMINAR DATES IN 2009

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)

Seminar Fees: L or H \$90 (one line); L&H: \$145 (two lines)

*Each individual registrant must complete a separate registration form.*

The class date I have selected is: \_\_\_\_\_ TOTAL AMOUNT \$ \_\_\_\_\_

### SHIP MATERIALS TO:

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 must be received by us at least 10 business days before the seminar date.

We recommend Money Order or Credit Card as your payment form.

**SORRY BUT WE CANNOT ACCEPT CREDIT CARD ORDERS WITHOUT SIGNATURE BELOW AND COMPLETION AND SUBMISSION OF DOHRN INSURANCE TRAINING, INC. PRELICENSING SEMINAR CANCELLATION, TRANSFER AND REFUND POLICY**

*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 by the course registrant. Transfer of ownership of any course from the original purchaser to any other party is prohibited. CREDIT CARD ORDERS MUST ALSO SIGN AND SEND **PRELICENSING SEMINAR CANCELLATION, TRANSFER AND REFUND POLICY PAGE AND THIS REGISTRATION FORM.**

2 WAYS TO REGISTER 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**

**This form must also be signed and dated below to process your prelicensing seminar order if you are paying by credit card**

**DOHRN INSURANCE TRAINING, INC. PRELICENSING SEMINAR  
CANCELLATION, TRANSFER AND REFUND POLICY  
The Reason for our Policy**

Space in our classroom is limited to the first 24 paid registrants. Our classes often fill in advance of the seminar date. If you register for a seminar and fail to show it can result in loss income to Dohrn for a seat which could have been sold to and occupied by another individual. If you fail to follow the guidelines as expressed below if you fail to attend as originally registered, then we will have no alternative but to change your registration status and to charge you additional course fees if you wish to attend a different seminar date. By completing a registration form for prelicensing and tendering payment you agree to all of the terms contained herein.

**To Cancel a Course With Refund**

**In order to receive a refund** for a canceled seminar, less a \$15.00 cancellation fee, **seminars must either be canceled within 10 days of shipment OR no later than the Wednesday (by NOON) prior to the scheduled seminar date, whichever occurs first.** Anyone who registers for a seminar after this Wednesday noon deadline forfeits any ability to obtain a refund once Dohrn receives a registration form with payment. **Cancellations must be written and may be faxed to 847-455-1153 or mailed to our office.**

**To Transfer a Seminar Date**

Seminar dates may be transferred one time at no charge, but **notification must be received by our office no later than the Friday (by NOON) preceding the originally scheduled seminar date.** In every case no refund is available after a transfer has been requested. **Transfer requests must be written and may be faxed to 847-455-1153 or mailed to our office.**

**If you Fail to Show or Notify Dohrn**

**If you purchase a seminar and fail to attend without proper prior notice or request for transfer, Dohrn will automatically reclassify your course status to that of a self-study program.** This means if you wish to then attend a future seminar date, you will be required to pay the difference in fee between self study and seminar or \$30, whichever amount is greater. You are limited to exercise this option no more than once. Failure to show or notify a second time will result in the permanent change of course status as self study and a full seminar course fee will be due if another seminar date is desired.

**Repeating the Same Seminar Program**

Any seminar purchaser who subsequently fails any part of the Promissor exam may sit through a future seminar at no additional cost if :  
❶ available space is reserved in advance in writing (faxed or mailed to Dohrn) within 90 days of the failed Promissor exam and ❷ a copy of the Promissor failure report is supplied to Dohrn.

Any seminar purchaser who wishes to sit through the seminar a second time without having first failed the Promissor exam will be required to ❶ pay the difference between the rate charged for seminar and self study or \$30, whichever amount is greater and ❷ register and pay in advance.

**The Sale Assignment or Transfer of a Prelicensing Course is Prohibited**

Seminar registrant acknowledges and accepts that the prelicensing program purchased is in their name only and no right to sell, assign or transfer said course exists. Dohrn Insurance Training will only certify a completed prelicensing course for the person who is originally registered for said course.

**By my signature below I have read, acknowledge and agree to the above terms as part of my paid registration:**

Date of Seminar \_\_\_\_\_ Print Student Name: \_\_\_\_\_

\_\_\_\_\_ Credit card # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

**Cardholder Signature**

**MO. YR.**

\_\_\_\_\_  
**Printed Name of Cardholder**

\_\_\_\_\_  
**Billing Address of Credit Card: Street, City and Zip**