

# IEA REGISTRATION FORM



www.ieatraining.org  
info@ieatraining.org  
(800) 655-4432



Mr.  Ms.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Persons with Disabilities Accomodations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signature you confirm that you have read and accepted IEA's withdraw, cancellation and transfer policy located on www.ieatraining.com.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAY BY CHECK ONLINE

Did you know that you can pay by check through the online checkout? Follow these steps:

- Go to [www.ieatraining.org](http://www.ieatraining.org)
- Select Your Course
- Hit Enroll Button
- Select "Pay by Check" option

Your enrollment will be placed in a "pending" status until your check is received and there is no need to mail a separate registration form.

## PAY BY CHECK & MAIL

If you prefer to print and mail this form along with a check, firstly please secure your enrollment by emailing a copy of this form and check (if available) to: **info@ieatraining.org**. Mail check and registration form to:

**Insurance Education Association  
File 1682, 1801 W. Olympic Blvd  
Pasadena, CA 91199-1682**

## ENROLL ME IN THE FOLLOWING COURSE(S)

_____	_____	_____	\$ _____
Course Code:	Location (if applicable) or Online	Start Date or Self Study	
_____	_____	_____	\$ _____
Course Code:	Location (if applicable) or Online	Start Date or Self Study	
_____	_____	_____	\$ _____
Course Code:	Location (if applicable) or Online	Start Date or Self Study	

## PAYMENT METHOD

Fees Paid By:  Company  Student

Check (Make checks payable to IEA)

\$25 charge for returned checks

Credit Card

Visa  Mastercard  American Express  Discover

Card Number: \_\_\_\_\_ CVV \_\_\_\_\_ Expiration Date (Mo/Yr): \_\_\_\_\_

Print name as is on card: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_