

(PLEASE PRINT)

ISTA Enrollment Card

Seminar Location (City Only) _____ Class Dates _____

Student's Name _____ Daytime Phone _____

Home Address _____ City _____ State _____ Zip _____

E-Mail Address _____

Agency or Company Name _____ Local Office Phone _____

Agency/Office Address _____ City _____ State _____ Zip _____

Manager's Name _____

MAIL YOUR APPLICATION
AND CHECK TO:

ISTA, Inc.
1515 Merrill Drive, Suite E100
Little Rock, AR 72211
(501) 228-2200

\$ _____ Fee Enclosed (Make checks payable to **ISTA, Inc.**)

WILL BE ATTENDING:

- Life/Health
- Life Only
- Health Only
- Property/Casualty
- Personal Lines Only
- Continuing Education

Course numbers or titles:

EXAM SIMULATOR

- L/H P/C
- Internet Access (\$44.95)
- Series 6/63 (\$107.95)

SEATING GUARANTEED ONLY WITH PAID ENROLLMENT OR PRE-ARRANGED BILLING