

ISTA Enrollment Card

(PLEASE PRINT)

Seminar Location (City Only) _____ Class Dates _____

Student's Name _____ Home Phone _____

Home Address _____ City _____ State _____ Zip _____

Agency or Company Name _____ Local Office Phone _____

Manager's Name _____

Agency/Office Address _____ City _____ State _____ Zip _____

Send return mail to: Home Business

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

MAIL APPLICATION AND CHECK TO: **ISTA, Inc.**
1506 Merrill Drive, Suite 200
Little Rock, AR 72211
(501) 228-2200

SEATING GUARANTEED ONLY WITH PAID ENROLLMENT OR PRE-ARRANGED BILLING

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)

