ISTL ENROLLMENT CARD

(Please Print)

Student's Name: _____

Social Security #: _____-_____-_____

Home Address: _____

City: _____ St: ___ Zip: _____

Home Phone: ( )_____-_____

Agency or Company Name: _____

Local Address: _____

City: _____ St: ___ Zip: _____

Business Phone: ( )_____-_____

Manager's Name: _____

Send return mail to Home Business

$_____ FEE ENCLOSED (Make checks to ISTL)

Class Dates: _____

LOCATION	**COURSE(S)**
Mark all Appropriate Boxes	Life/Health
New Orleans/Kenner	Property/Casualty
Baton Rouge	Continuing Education
Lafayette	CE Course #:_____
Alexandria	CE Course #:_____
Monroe	

Agent License Number: _____

Required by Insurance Department for Continuing Education ONLY

Exam Simulator L/H P/C

Internet Access Code ($44.95)

Series 6/63 ($107.95)

MAIL ENROLLMENT CARD AND CHECK TO:

ISTL

1506 Merrill Drive, Suite 200

Little Rock, AR 72211

1-800-934-ISTL (4785)

www.insurancespecialtytraining.com