

ISTL ENROLLMENT CARD

(Please Print)

Student's Name: _____

Social Security #: _____ - _____ - _____

Home Address: _____

City: _____ St: _____ Zip: _____

Email Address: _____

Daytime Phone: () _____ - _____

Agency or Company Name: _____

Local Address: _____

City: _____ St: _____ Zip: _____

Business Phone: () _____ - _____

Manager's Name: _____

\$ _____ FEE ENCLOSED (Make checks to **ISTL**)

Class Dates: _____

LOCATION

COURSE(S)

Mark all Appropriate Boxes

- | | |
|---|---|
| <input type="checkbox"/> New Orleans/Kenner | <input type="checkbox"/> Life/Health |
| <input type="checkbox"/> Baton Rouge | <input type="checkbox"/> Property/Casualty |
| <input type="checkbox"/> Lafayette | <input type="checkbox"/> Continuing Education |
| <input type="checkbox"/> Alexandria | CE Course #: _____ |
| <input type="checkbox"/> Monroe | CE Course #: _____ |

- 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

1515 Merrill Drive, Suite E100
Little Rock, AR 72211
1-800-934-**ISTL** (4785)
www.insurancespecialtytraining.com