

# 2005 REGISTRATION FORM

☞ Please copy this form and complete for each participant. Save the original for future use.

**Attendee Information:** **Agent CE Required:** ☐ Kentucky ☐ Indiana

Full Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Agency/Company Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

## REGISTRATION FEES

2 Hour Ethics only	4 Hour Seminar only	6 Hour Seminar only	2 Hour Ethics + 6 Hour Seminar	8 Hour or Double Feature Seminar	P&C Pre-Licensing School
\$30	\$35	\$50	\$65	\$65	\$199

**Please register me for the following seminar (\$) or pre-licensing school:**

Date: \_\_\_\_\_ Seminar Title: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Seminar Title: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Seminar Title: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Seminar Title: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Seminar Title: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Seminar Title: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

**Total Payment:** \$ \_\_\_\_\_

**Payment Options:** ☐ Enclosed is my check payable to: Professional Training Associates, Inc.

☐ Please charge my: ☐ MasterCard ☐ Visa

Credit Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_



In accordance with Title III of the Americans with Disabilities Act, we invite all registrants to advise us of any disability and any requests for accommodation to that disability. Your request should be submitted as far as possible in advance of the program you wish to attend.

☞ Please make a copy of the completed form for your records; no confirmation will be sent.

**Cancellation/Refund Policy:** A written request for a one-time transfer of the full registration fee to another scheduled program or a refund less a \$20.00 cancellation fee must be made prior to the end of the seminar, or the first day of the pre-licensing school for which the individual was registered. A transfer or refund will not be given after the seminar or after the end of the first day of the pre-licensing school. Substitutions are welcome.

Signature of Attendee: \_\_\_\_\_ Date: \_\_\_\_\_ Seminar Official: Shirley Wilts



**Professional Training Associates, Inc., 4004 Briar Ridge Road, LaGrange, KY 40031-9636**  
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