

WISE EDUCATION INC.

NJ, NY, & PA Continuing Education Specialists

1-800-577-9888



Atlantic City

Atlantic City Caesars

2100 Pacific Avenue
Atlantic City, NJ 08401
888-516-2215

Check desired classes:

<input type="checkbox"/> 10/01/15	TERRORISM RISK INSURANCE	9am - 12pm	Thursday
<input type="checkbox"/> 10/01/15	ETHICAL INSURANCE ISSUES	1pm - 4pm	Thursday
<input type="checkbox"/> 10/01/15	INSURANCE ISSUES 2015	5pm - 8pm	Thursday
<input type="checkbox"/> 10/02/15	HOMEOWNERS UNDER. ISSUES	9am - 12pm	Friday
<input type="checkbox"/> 10/02/15	CYBER CRIME & INSURANCE	1pm - 4pm	Friday
<input type="checkbox"/> 10/02/15	RISK MANAGEMENT & THE AGENT	5pm - 8pm	Friday

# of Classes	Tuition	# of Classes	Tuition
1	\$49	4	\$196
2	\$98	5	\$245
3	\$147	6	\$294

All NJ Courses are 3 CECs (except Paip/Caip)

To register by mail or fax for this location **ONLY**, follow these steps:

1. Print this page.
2. Check desired classes.
3. Fill in required information and send to:

Wise Education, Inc.
1501 Cobblestone Ct.
Thorofare, NJ 08086
Fax: 856-384-8414

Tuition Total \$ _____ # of Credits _____

PAYMENT OPTIONS:

Check # _____ Check amt. \$ _____

Visa MC Discover

Expiration Date ____/____/____ **(Required)**

CC # _____

Cardholder Name _____

(Please print)

Signature _____

Comments: _____

FIRST _____ MI _____
LAST _____ Jr / Sr / III
DATE OF BIRTH _____
NJ LIC REF # _____ -IP
NJ INS LIC EXP DATE _____
HOME PHONE (____) ____ - ____
MOBILE PHONE (____) ____ - ____
HOME ADDRESS _____
CITY/ST _____ ZIP _____
BUS FIRM _____
BUS PHONE (____) ____ - ____
BUS FAX (____) ____ - ____
BUS ADDRESS _____
CITY/ST _____ ZIP _____
E-MAIL _____

Please make a copy of this form and mark your calendar.



No CE confirmations mailed.

PLEASE ATTACH MEMO AS TO ANY SPECIAL NEEDS