

# WISE EDUCATION INC.

NJ, NY, & PA Continuing Education Specialists

1-800-577-9888



## DOYLESTOWN

### The Campbell Agency

236 Wells Road  
Doylestown, PA 18901  
215-348-8661

www.campbellagencies.com

Across road about 1/2 mile from Doylestown Twp Police Dept

Check desired classes:

<input type="checkbox"/>	05/02/18	8:30am - 11:30am	CYBER LIABILITY INSURANCE	3 CEC	\$59
<input type="checkbox"/>	05/02/18	12:00pm - 5:00pm	PERSONAL LINES ENDORSEMENTS	5 CEC	\$79
<input type="checkbox"/>	10/03/18	8:30am - 11:30am	DIRECTORS & OFFICERS LIABILITY	3 CEC	\$59
<input type="checkbox"/>	10/03/18	12:00pm - 5:00pm	AGENCY ETHICS	5 CEC	\$79

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 \_\_\_\_\_  
PA LIC REF # \_\_\_\_\_ -IP  
PA 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