

# WISE EDUCATION INC.

NJ, NY, & PA Continuing Education Specialists

1-800-577-9888



## MYRTLE BEACH

## Ocean Creek Resort

10600 N Kings Highway  
Myrtle Beach, SC 29582  
877-844-3800  
www.oceancreek.com

Check desired classes:

|                                   |                                |            |         |       |
|-----------------------------------|--------------------------------|------------|---------|-------|
| <input type="checkbox"/> 04/29/18 | FLOOD INSURANCE                | 8am - 11am | Sunday  | 3 CEC |
| <input type="checkbox"/> 04/29/18 | INSURANCE ISSUES               | 4pm - 7pm  | Sunday  | 3 CEC |
| <input type="checkbox"/> 04/30/18 | COURT VERDICTS                 | 8am - 11am | Monday  | 3 CEC |
| <input type="checkbox"/> 04/30/18 | INSURANCE INDUSTRY ETHICS      | 4pm - 7pm  | Monday  | 3 CEC |
| <input type="checkbox"/> 04/31/18 | CYBER CRIME                    | 8am - 11am | Tuesday | 3 CEC |
| <input type="checkbox"/> 04/31/18 | HOMEOWNERS UNDERWRITING ISSUES | 4pm - 7pm  | Tuesday | 3 CEC |

### Myrtle Beach Tuition Chart

| # of Classes | Tuition |
|--------------|---------|
| 1            | \$25    |
| 2            | \$50    |
| 3            | \$75    |
| 4            | \$100   |
| 5            | \$125   |
| 6            | \$150   |

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