



# Wise Education PA 2015



Please enroll me in the following class(es):

<b>DOYLESTOWN</b>		<b>THE CAMPBELL AGENCY</b>				
<input type="checkbox"/>	09/10/15 TH	Flood Insurance	(3 credit #109113 course)	3 CE	\$59	9-12
<input type="checkbox"/>	10/29/15 TH	Claims: Agency Assistance		4 CE	\$69	8-12
<b>EWING</b>		<b>SYPEK &amp; SANDFORD</b>				
<input type="checkbox"/>	12/10/15 TH	Homeowners Underwriting Issues		3 CE	\$59	9-12
<input type="checkbox"/>	12/10/15 TH	Property Fraud		3 CE	\$59	1-4
<b>HORSHAM</b>		<b>DAYS INN</b>				
<input type="checkbox"/>	09/09/15 WED	Homeowners Policy Forms & Endorsements		4 CE	\$69	8-12
<input type="checkbox"/>	09/09/15 WED	Ethical Insurance Issues		3 CE	\$59	1-4
<input type="checkbox"/>	10/28/15 WED	Court Verdicts: P&C Impact		5 CE	\$79	8-1
<input type="checkbox"/>	10/28/15 WED	Cyber Crime & Insurance		3 CE	\$59	2-5
<b>PHILLIPSBURG</b>		<b>ARCHITECTS GOLF CLUB</b>				
<input type="checkbox"/>	12/01/15 TUE	Employment Practices Liability		3 CE	\$59	9-12
<input type="checkbox"/>	12/01/15 TUE	Court Verdicts: P&C Impact		3 CE	\$59	1-4

<b>ATLANTIC CITY</b>		<b>CAESARS (\$49/class) 3 CE</b>	
10/01/15	TH	<input type="checkbox"/>	Terrorism Risk Insurance
		<input type="checkbox"/>	Ethical Insurance Issues
		<input type="checkbox"/>	Insurance Issues 2015
10/02/15	FRI	<input type="checkbox"/>	Homeowners Underwriting Issues
		<input type="checkbox"/>	Cyber Crime & Insurance
		<input type="checkbox"/>	Risk Management & the Agent

For further information call Wise Education @ 800-577-9888

Please fax to: 856-384-8414 (no cover needed)  
or Email to [wise.education@verizon.net](mailto:wise.education@verizon.net)

Tuition Total \$ \_\_\_\_\_ # of Credits \_\_\_\_\_

### PAYMENT OPTIONS:

\_\_\_ Check # \_\_\_\_\_ Check amt. \$ \_\_\_\_\_

\_\_\_ Visa \_\_\_ MC \_\_\_ Discover

Expiration Date \_\_\_/\_\_\_/\_\_\_ (Required)

CC # \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

FIRST \_\_\_\_\_ MI \_\_\_\_\_  
 LAST \_\_\_\_\_ Jr / Sr / III  
 DATE OF BIRTH \_\_\_\_\_  
 HOME PHONE ( \_\_\_ ) \_\_\_ - \_\_\_  
 MOBILE PHONE ( \_\_\_ ) \_\_\_ - \_\_\_  
 HOME ADDRESS \_\_\_\_\_  
 CITY/ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 BUS FIRM \_\_\_\_\_  
 BUS PHONE ( \_\_\_ ) \_\_\_ - \_\_\_  
 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

<b>I wish to earn CE credits for the following state(s):</b>		
	STATE INS. LIC. #	EXP. DATE
<input type="checkbox"/>	NJ _____ -IP	_____
<input type="checkbox"/>	PA _____	_____
<input type="checkbox"/>	NY _____	_____