

On-Site Insurance School NY
Registration Form
Phone: (516) 887-7644
Fax: (516) 887-7647

Type of Class: _____ Class Start Date: _____ Location _____

Student Information:

First Name _____ MI _____ Last Name _____ Jr./Sr. _____

Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Cell phone Number _____

Date of Birth _____ SS# (last 4 digits) _____ email _____

License Number (CE Only) _____ License Expiration Date _____

Company Information

Company Name _____ Location _____

Address _____ City _____ State _____ Zip _____

Manager/Contact Person _____ Phone Number _____

Fax Number _____

Method of Payment

Circle One: Cash Money Order Credit Card Check

Credit Card # _____ Exp. Date _____ MC/V/AMEX

Amount Paid _____ Cardholder's Name _____ Date _____

Billing Address of Credit Card if different than home address _____

Note: All LAH, Personal Lines and Continuing Education payments must be in full; Property & Casualty classes require a \$350.00 deposit. All classes are not confirmed. We reserve the right to cancel due to insufficient enrollment. If a student cancels after registration, the school retains a \$25.00 registration fee. By signing below you agree that you have read and understand our policy.

Student Signature _____ Today's Date _____