

**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 # \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Exp. Date \_\_\_\_\_

Security Code \_\_\_\_\_ Amount Paid \_\_\_\_\_ 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 \_\_\_\_\_