

Sept.

www.dohrnit.com

2020

SUN	MON	TUE	WED	THU	FRI	SAT
		1 LIFE	2 A&H	3	4	5
6	7	8 LIFE	9 A&H	10	11	12 A&H
13 LIFE	14 PROP	15 CAS	16	17 LIFE	18 A&H	19
20	21	22 LIFE	23 A&H	24	25	26 CAS
27 PROP	28	29 LIFE	30 A&H			

NOTE: Governor's executive order allowing webinar is set to expire on Sat, September 19, **HOWEVER**, this is a fluid & ever-changing situation. **If order expires, classes are held in person**, if not, classes are webinar only.

**IF ORDER EXPIRES 9-19-20
ALL CLASSES HELD AT:
[ELM] ELMHURST/OAKBROOK
Oakhurst Office Center
909 South Route 83 (Kingery Hwy)
Suite 100
Elmhurst, IL 60126**

**LIFE
A&H - Accident and Health
PROP - Property
CAS - Casualty**

Dohrn Office Staff:
847-455-1130
info@dohrnit.com
Staff hours M-F 8a-3p

Dohrn Insurance Training, Inc. - PL CLASSROOM REGISTRATION FORM

Each individual student must complete a separate registration form.

PLEASE SCAN and EMAIL TO info@dohrnit.com or FAX COMPLETED TO 847-455-1153

Please note that the Terms and Condition of Dohrn Insurance Training, Inc., which is available for inspection at our website <http://dohrnit.com/terms.html> and is incorporated in this document by reference, applies to this purchase upon registration as part of your purchase agreement. You are urged to examine the Terms and Conditions prior to making your purchase decision.

<input type="checkbox"/> (L) Life <input type="checkbox"/> (AH) Acc. & Health <input type="checkbox"/> (P) Property <input type="checkbox"/> (C) Casualty	Class Date and Location _____ Class Date and Location _____ Class Date and Location _____ Class Date and Location _____	COURSE FEES: L OR AH only (1 LINE) \$129 L and AH (2 lines) \$209 P OR C only (1 LINE) \$129 P and C (2 line) \$209 SPECIAL: ALL FOUR LINES \$370
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MY TOTAL COURSE FEE ENCLOSED IS (you must indicate total): \$ _____

PLEASE PRINT ALL INFORMATION BELOW NEATLY!

STUDENT NAME: _____ .LAST 4 DIGITS SS# _____

STREET _____ APT OR SUITE NO. _____

CITY _____ ST _____ ZIP _____

Email Address _____

(Mandatory in order to receive a confirmation! Your order will not be processed without it!)

PAYMENT MUST BE A MAJOR DEBIT or CREDIT CARD ONLY PLEASE

CREDIT CARD INFORMATION *I authorize Dohrn Insurance Training, Inc., to bill my account as indicated:*

Credit card number _____ EXP DATE _____ CVV# _____
(Month/Year) (Back of card)

CARDHOLDER NAME AS IT APPEARS ON CARD _____

Cardholder Signature _____

Please charge my account above as indicated and I understand that by my signature I agree to all the Terms and Conditions of course registration of Dohrn Insurance Training Inc., provided for inspection prior to purchase at <http://dohrnit.com/terms.htm>.

Credit Card Billing Address (If different from above):

St _____ Apt/Suite _____

City _____ Zip _____