

PLEASE READ & PRINT OUT

Pre-licensing Courses Registration Form

Mail to:
Summit Schools, Inc.
115 Sherman Ave W, Ste. 1
Fort Atkinson, WI 53538

- *If you wish to pay with a credit card, you must register over the phone. 1-800-432-6406
- *Please read Cancellation and refund policy in the School Catalog
- *Please call us if you are mailing a form and payment less than 5 days before the class begins.
- *Payment for class must accompany the registration form. Call or e-mail if you need help.
- *We are NOT responsible for lost mail or checks. If you do not receive confirmation within a reasonable time after mailing your form with check, call our office at 1-800-432-6406.
- *You will receive a **confirmation** letter and school information **via e-mail** as soon as this office receives your payment with registration form.
- *You will receive your books on the 1st day of class.

Date _____ and **Location** _____ of class you are signing up for:

CLASS SELECTION (includes 8 hrs. Principles of Insurance, General WI Insurance Laws & Ethics + Books)

- | | | |
|---|----------|-------------------------------|
| <input type="checkbox"/> Life & Accident/Health | \$345.37 | 8 am-5pm all 4 scheduled days |
| <input type="checkbox"/> Life Only | \$295.37 | 8-5 day 1 & 2, 8-noon day 3 |
| <input type="checkbox"/> Accident/Health Only | \$295.37 | 1pm-5pm day 2, 8-5 day 3 & 4 |
| <input type="checkbox"/> Property & Casualty | \$345.37 | 8 am-5pm all 4 scheduled days |

Have current books? Subtract -\$8 - (.44tx) Law Guide / -\$35 -(1.93tx) PC Pathfinder/LH Learning Guide

Student **Legal Name** _____

Birth date (ex: 02/16/1974) ____ / ____ / ____

Last 4 numbers of Social Security # ____

Home address:

City, State and Zip Code:

Home / cell phone #:

E-Mail address for confirmation:

Company for which you will be working if known:

Company's office mailing address:

City, State and Zip Code:

Business phone #

AMOUNT ENCLOSED \$ _____