

# IEA REGISTRATION FORM



Mr.     Ms.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Fax \_\_\_\_\_

Employer \_\_\_\_\_

Broker/Agent License # \_\_\_\_\_

Persons with disabilities accommodations: \_\_\_\_\_

By signature you confirm that you have read and accepted IEA's withdraw, cancellation and transfer policy located on [www.ieatraining.com](http://www.ieatraining.com).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3611 South Harbor Boulevard  
Suite 180  
Santa Ana, CA 92704

Phone: 800.655.4432  
Fax: 714.689.0167

[www.ieatraining.com](http://www.ieatraining.com)

Registration form and fees should be received within 7 days prior to the program start date. You will receive a confirmation/receipt of your registration when tuition fees are paid in full. IEA is not responsible for non-receipt of confirmation postcard. Checks returned for any reason require an additional processing fee of \$25.00. Please retain a copy of your completed registration form for your files.

## Enroll me in the following courses, workshops or lectures:

Course Code: _____	Location (if applicable) or Online _____	Start Date or Self Study _____	\$ _____ Fee
Course Code: _____	Location (if applicable) or Online _____	Start Date or Self Study _____	\$ _____ Fee
Course Code: _____	Location (if applicable) or Online _____	Start Date or Self Study _____	\$ _____ Fee

## PAYMENT METHOD

Fees Paid By:     Company     Student

Check (Make checks payable to IEA)

Credit Card

Visa     Mastercard     American Express     Discover

Card Number: \_\_\_\_\_ Expiration Date (Mo/Yr): \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_