

PTS

PROFESSIONAL TRAINING SERVICES

Course Registration Form – For Self-Study Courses Only

FOR OFFICE USE ONLY

Amt. PD \$ _____

Date ____/____/____

Cash or Money Order

Company/Agency Check

Ck # _____

VISA / MC / Discover

TEXTBOOK: Yes No

I understand that all fees are non refundable.

Initials _____

NAME: _____

VERY IMPORTANT: Print Name as it Appears on Driver's License

ADDRESS: _____

CITY/ST/ZIP: _____

PHONE: _____ FAX: _____

DATE OF BIRTH: ____/____/____ E-MAIL: _____

INSURANCE CO. & MANAGER NAME: _____

SELF-STUDY INSURANCE PRE-LICENSING COURSES:

All self-study pre-licensing courses include Textbook, Summary Booklet, Audio CD(s), and monitored Exam(s).

- | | | | |
|--|-------|---|-------|
| <input type="checkbox"/> LIFE & ACC/HEALTH COMBO | \$135 | <input type="checkbox"/> PROPERTY ONLY | \$125 |
| <input type="checkbox"/> LIFE ONLY | \$110 | <input type="checkbox"/> CASUALTY ONLY | \$125 |
| <input type="checkbox"/> ACC/HEALTH ONLY | \$110 | <input type="checkbox"/> PERSONAL LINES | \$125 |
| <input type="checkbox"/> PROPERTY/CASUALTY COMBO | \$150 | | |

OPTIONAL COMPUTER CD \$39.95 (plus tax)

SHIPPING / HANDLING \$ 15 [Only required if student will NOT pick up materials in person.]

*** ALL FEES ARE NON-REFUNDABLE * ALL FEES ARE NON-REFUNDABLE ***

For tuition payment by Credit Card, please complete the following:

VISA MC DISCOVER CARD # _____ EXP. ____/____

NAME OF CARDHOLDER: _____ 3 digit # _____

AUTHORIZED SIGNATURE: _____ zip code: _____ (on back of card)

IMPORTANT REGISTRATION INFORMATION

- 1) In-person pre-registration (**money order, company/agency check, cash, or Visa/MC/Discover only**) – pick-up materials.
 - 2) Course registration (**money orders or company/agency check or Visa/MC/Discover only**) may be mailed or faxed to our Administrative Office: PTS, East Gate Business Center, 125C Gaither Drive, Mt. Laurel, NJ 08054; Our fax number: 856-802-9444. Include an additional \$15.00 if you would like the textbook to be mailed to student.
- ➔ **\$10.00 discount** for payment by cash, Money Order, Cashier's check, or Insurance Company / Agency check.

IMPORTANT:

- PTS DOES NOT ACCEPT PERSONAL CHECKS UNDER ANY CIRCUMSTANCES.
- ALL FEES ARE NON-REFUNDABLE.
- SELF-STUDY PROGRAMS ARE NON-TRANSFERRABLE.
- PTS ABSOLUTELY WILL NOT ACCEPT RETURNED MATERIALS – THIS INCLUDES TEXTBOOKS, AUDIO CD'S, AND COMPUTER CD'S. ALL FEES ARE NON-REFUNDABLE.
- MONITORED COURSE EXAM(S) MUST BE SCHEDULED WITHIN 6 MONTHS FROM COURSE REGISTRATION DATE.
- AFTER THE 6 MONTHS, A \$50 FEE IS REQUIRED TO EXTEND FOR AN ADDITIONAL 60 DAYS.
- OPTION TO ADD CLASSROOM LECTURES: \$50 FOR A ½-DAY; \$100 FOR A FULL-DAY LECTURE.
- TO SWITCH FROM SELF-STUDY TO TRADITIONAL CLASSROOM: \$275 FOR L/H, \$250 PROPERTY OR CASUALTY – \$175 FOR LIFE OR ACC/HEALTH – \$435 FOR P/C – \$315 FOR PERSONAL LINES.

STUDENT SIGNATURE: _____ DATE: _____