



American Association of Insurance & Financial Professionals, Inc.

Pompano Office: 3650 N. Federal Hwy, Suite 213, Lighthouse Point, FL 33064
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Orlando Office: 771 S. Kirkman Road, Suite 110, Orlando, FL 32811
(407) 297-7611, (888) 484-7675, (407) 522-2707 FAX

Mail or Fax applications to Business Office!

Application For Admission

(Indicate below desired classes including dates.)

AGENTS CONTINUING EDUCATION

Class #801 Starting \_\_\_/\_\_\_/\_\_\_ Class #802 Starting \_\_\_/\_\_\_/\_\_\_ Class #803 Starting \_\_\_/\_\_\_/\_\_\_
Class #804 Starting \_\_\_/\_\_\_/\_\_\_ Class #805 Starting \_\_\_/\_\_\_/\_\_\_ Class #806 Starting \_\_\_/\_\_\_/\_\_\_
Class #807 Starting \_\_\_/\_\_\_/\_\_\_ Class #808 Starting \_\_\_/\_\_\_/\_\_\_ Class #809 Starting \_\_\_/\_\_\_/\_\_\_

ADJUSTERS CONTINUING EDUCATION

Class #802A Starting \_\_\_/\_\_\_/\_\_\_ Class #803A Starting \_\_\_/\_\_\_/\_\_\_
Class #806A Starting \_\_\_/\_\_\_/\_\_\_ Class #807A Starting \_\_\_/\_\_\_/\_\_\_

PRE-LICENSING

Life/Health/Annuities Class # \_\_\_ Starting \_\_\_/\_\_\_/\_\_\_ Basic \_\_\_ Intermediate \_\_\_ Comprehensive \_\_\_
Self-Study Series 6 \_\_\_ or 7 \_\_\_ L/H Summary Book & Simulator \_\_\_ Simulator only (circle one: L/H, General Lines, Adjuster)
Property-Casualty Class # \_\_\_ Starting \_\_\_/\_\_\_/\_\_\_ Property-Casualty Crash Starting \_\_\_/\_\_\_/\_\_\_
Conversion Class # \_\_\_ Starting \_\_\_/\_\_\_/\_\_\_ Personal Lines Class # \_\_\_ Starting \_\_\_/\_\_\_/\_\_\_
Surplus Lines Class # \_\_\_ Starting \_\_\_/\_\_\_/\_\_\_ Life/Health Review Starting \_\_\_/\_\_\_/\_\_\_

Please enroll the following individual in the class/classes indicated above: Indicate desired location \_\_\_\_\_

NAME (Print) \_\_\_\_\_

ADDRESS (Residence) \_\_\_\_\_

TELEPHONE NUMBER (Residence) \_\_\_\_\_ (Office) \_\_\_\_\_

FAX NUMBER (Residence) \_\_\_\_\_ (Office) \_\_\_\_\_

FLORIDA INS. LICENSE# (Required for continuing education students.) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

COMPANY AFFILIATION \_\_\_\_\_ MANAGER \_\_\_\_\_

ADDRESS \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_

How did you hear about the school? \_\_\_\_\_

Tuition: Cash \_\_\_ Check \_\_\_ Credit Card# \_\_\_\_\_ Exp.date \_\_\_\_\_ Amount\$ \_\_\_\_\_

(Circle one: Visa, MasterCard, American Express, Check Card) Print name as it appears on card \_\_\_\_\_

Please charge my check card or credit card with the above amount. I understand tuition is not refundable and lack of

attendance will result in forfeiture of tuition. I certify that the signature below is my correct and personal signature.

Initial \_\_\_\_\_

Tuition is not refundable. I understand it is my responsibility to complete the above listed class and that an administrative fee is charged for

class changes. I understand if I am disruptive in class I will be asked to leave and will forfeit my tuition. I understand that I am responsible

for attending the correct continuing education course for my particular license. A late fee is charged for CE registrations taken within 48

hours prior to class beginning. (Class dates, locations and prices are subject to change without notification.)

APPLICATION MUST BE SIGNED AND DATED.

Date \_\_\_\_\_ Signature \_\_\_\_\_ HTAPP09/06

APPLICATION NOT ACCEPTED WITHOUT PAYMENT!