



Customer Service for the Insurance Professional 2018/2019 Course Application

STUDENT INFORMATION

Student Name: _____
Last Name *First Name*

Email Address: _____

Brokerage Employer: _____

Mailing Address: _____

City / Town: _____ Prov: _____ Postal Code: _____

Phone: _____ Fax: _____ Year of Birth: _____

COURSE INFORMATION

Registration for next Module: Module 1: Module 2: Module 3: Module 4:

Method of Study: Webinar Group: **OR** Self-Study: Self-Study Mentor: _____

Upcoming 2018 Course Schedule:

- Module 1 – September 11 & September 13, 2018
- Module 2 – October 2 & October 4, 2018
- Module 3 – November 6 & November 8, 2018
- Module 4 – December 11 & December 13, 2018

Upcoming 2019 Course Schedule:

- Module 1 – January 22 & January 24, 2019
- Module 2 – February 12 & February 14, 2019
- Module 3 – March 12 & March 14, 2019
- Module 4 – April 9 & April 11, 2019

As there is no examination for this certificate program, participants must attend the full webinar workshop session which runs for 2 days from 1pm to 4:30pm via Webinar in order to receive completion certificate. Missed modules can be rescheduled for the next available session at a cost of \$25 per webinar.

Text and course confirmations will be sent once registration and payment have been processed by IBAM. 6 ICM General CEC's are awarded for each completed module and the mentor assisting in a Self-Study module will also receive 4 ICM General CEC's.

Student Signature: _____ **Date:** _____

PAYMENT INFORMATION

Webinar Discussion Class Course Fee of \$250.00 per module (*\$300 for non-members*)

Self-Study Course Fee of \$165.00 per module (*\$195 for non-members*)

Payable by Visa, Mastercard or Company Cheque

Visa / Mastercard #: _____ Expiry Date: _____

Send completed applications and payment to:
Fees include a non-refundable charge of \$40.00. Payment non-refundable once package containing course materials has been opened.

Mail: 600-1445 Portage Ave, Winnipeg, Manitoba R3G 3P4

Email: katrinahueging@ibam.mb.ca

Fax: 204-489-0316

FOR OFFICE USE ONLY

Acc: ____ Ack: ____ Text: Loomis / Mail / Pickup / Other: _____ Ship Date: _____ By: _____