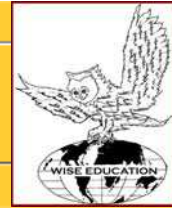


WISE EDUCATION INC.

NJ, NY, & PA Continuing Education Specialists

1-800-577-9888



MONTVALE

~ **NEW LOCATION** ~

Jimcor Agency

60 Craig Road
Montvale, NJ 07645
201-573-8200

Check desired classes:

<input type="checkbox"/> 04/28/15	TERRORISM INSURANCE	9am - 12pm	Tue
<input type="checkbox"/> 04/28/15	ERRORS & OMISSIONS	1pm - 4pm	Tue
<input type="checkbox"/> 10/27/15	CYBER LIABILITY INSURANCE	9am - 12pm	Tue
<input type="checkbox"/> 10/27/15	ETHICAL AGENCY OPERATIONS	1pm - 4pm	Tue

New Jersey Tuition Chart			
# of Classes	Tuition	# of Classes	Tuition
1	\$80	6	\$300
2	\$120	7	\$350
3	\$165	8	\$400
4	\$220	9	\$450
5	\$250	10	\$500

Early Birds - Deduct 10%
(postmarked 20 days prior to class)

All NJ Courses are 3 CECs (except Paip/Caip)

To register by mail or fax for this location **ONLY**, follow these steps:

1. Print this page.
2. Check desired classes.
3. Fill in required information and send to:

Wise Education, Inc.
1501 Cobblestone Ct.
Thorofare, NJ 08086
Fax: 856-384-8414

Tuition Total \$ _____ # of Credits _____

PAYMENT OPTIONS:

____ Check # _____ Check amt. \$ _____

____ Visa ____ MC ____ Discover

Expiration Date ____ / ____ **(Required)**

CC # _____

Cardholder Name _____

(Please print)

Signature _____

Comments: _____

FIRST _____ MI _____
 LAST _____ Jr / Sr / III
 DATE OF BIRTH _____
 NJ LIC REF # _____ -IP
 NJ INS LIC EXP DATE _____
 HOME PHONE (____) ____ - ____
 MOBILE PHONE (____) ____ - ____
 HOME ADDRESS _____
 CITY/ST _____ ZIP _____
 BUS FIRM _____
 BUS PHONE (____) ____ - ____
 BUS FAX (____) ____ - ____
 BUS ADDRESS _____
 CITY/ST _____ ZIP _____
 E-MAIL _____

Please make a copy of this form and mark your calendar.



No CE confirmations mailed.

PLEASE ATTACH MEMO AS TO ANY SPECIAL NEEDS