



# Customer Service for the Insurance Professional 2015 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 Module: Module 1: ☐ Module 2: ☐ Module 3: ☐ Module 4: ☐

Method of Study: Discussion Group: ☐ **or** Self-Study: ☐ Self-Study Mentor: \_\_\_\_\_

Upcoming 2015 Course Schedule:

- Module 1 – October 8 & October 15, 2015
- Module 2 – December 3 & December 10, 2015
- Module 3 – January 5 & January 13, 2016
- Module 4 – February 25 & March 16, 2016

As there is no examination for this certificate program, participants must attend the full workshop session which runs for 2 days from 8:30am to 12:00pm at the IBAM Training Centre in order to receive completion certificate. Missed modules can be rescheduled for the next available session at a cost of \$25 per class (space permitting).

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

**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](mailto:katrinahueging@ibam.mb.ca)  
Fax: 204-489-0316

## FOR OFFICE USE ONLY

Acc: \_\_\_\_\_ Ack: \_\_\_\_\_ Text: Loomis / Mail / Pickup / Other: \_\_\_\_\_ Ship Date: \_\_\_\_\_ By: \_\_\_\_\_