

CPIB Registration Form - Evening Class and Home Study

NAME: _____ Date: _____

HOME ADDRESS: _____

FIRM OR COMPANY NAME: _____

COMPANY ADDRESS: _____

TELEPHONE: Bus: _____ FAX: _____

Email: _____

COMPLETED COURSES: _____

Please check course you are registering for:

COURSE TITLE: Law & Ethics _____ Advanced Personal Lines _____
Claims Management & Administration _____ Advanced Commercial Lines _____

EXAMS WRITTEN: CPIB PROGRAM: May _____ December _____

REWRITES: CPIB PROGRAM: February _____ July _____ September _____

MEMBER OF IBAN: YES _____ NO _____

Cheques should be made payable & forward to: *Insurance Brokers Association of NL*
151 Crosbie Road, St. John's, NL, A1B 4B4

CPIB: \$600.00 – Members + \$78.00 (HST) = \$678.00
\$700.00 - Non-Members + \$91.00 (HST) = \$791.00
\$300.00 – Audit Fee + \$39.00 (HST) = \$339.00

Please add \$10.00 for shipping outside St. John's

December 2006