

CAIB Registration Form - Evening Class and Home Study

NAME: _____ Date: _____

HOME ADDRESS: _____

FIRM OR COMPANY NAME: _____

COMPANY ADDRESS: _____

TELEPHONE: Bus: _____ FAX: _____

Email: _____

COMPLETED COURSES: _____

STUDY METHOD: Evening Class _____ Home Study _____ Rewrite _____

Please check course you are registering for:

COURSE TITLE: CAIB I _____ CAIB II _____ CAIB III _____ CAIB IV _____

EXAMS WRITTEN: CAIB PROGRAM – May _____ December _____

REWRITES: CAIB 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

CAIB: \$475.00 + \$61.75 (HST) = \$536.75 – Members

\$600.00 + \$78.00 (HST) = \$678.00 - Non-Members

\$100.00 + \$13.00 (HST) = \$113.00 – Members (Rewrite)

\$200.00 + \$26.00 (HST) = \$226.00 – Non-Members
(Rewrite)

All fees are tax included.

Out of town shipments please apply \$10.00 shipping charge

July 2006