REGISTRATION FORM

Education for Brokers
... by Brokers

COURSE/SEMINAR NAME: _____

LOCATION: _____ DATE: _____

MY NAME: _____

BROKERAGE NAME: _____

MEMBER OF IBAO? ☐ YES ☐ NO

RIBO NUMBER: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____

EMAIL: _____

FEE ENCLOSED: $_____
(Please check one)

☐ COMPANY CHEQUE ☐ MONEY ORDER ☐ **CERTIFIED** PERSONAL CHEQUE

☐ MASTERCARD ☐ VISA ☐ AMEX

☐ BIPPER BUCKS* **Principal Authorization Signature**: _____

CHARGE CARD # _____ EXPIRY: _____

NAME ON CHARGE CARD: _____

SIGNATURE: _____

HOW DID YOU HEAR ABOUT THIS COURSE?

☐ CURRICULUM ☐ NEWSLETTER ☐ REFERRAL

☐ E-NEWS ☐ WEB

☐ FLYER ☐ OTHER: _____

* **BIPPER Bucks** can be used for payment on all courses excluding online courses.

Please complete and return to IBAO.
Payment must be accompanied with this form.
Mail to: IBAO, 1 Eglinton Ave. East, Suite 700, Toronto, ON M4P 3A1
Fax to: 416-488-7526

HST # RI02499340

INSURANCE BROKERS ASSOCIATION ONTARIO

SCHOOL OF INSURANCE