

A+ Life & Health Insurance Training

Maryland & D.C. Approved Pre-Licensing Training

Select One: I will be taking the exam for Maryland Washington D.C.

Student Information:

Student's Name: _____ Class date(s) attending: _____

Address: _____ City _____ State _____ Zip _____

Phone(s): work: _____ home: _____ cell: _____

E-mail address: _____

Company Information:

Company or agency name: _____

Address: _____ City _____ State _____ Zip _____

Manager's name: _____ Manager's phone: _____

Manager's e-mail address: _____

Tuition & fees:

Standard Tuition (choose one): 1-day class \$150 _____ 2-day class \$200 _____ 2-day plus \$280 _____

I'm registering and paying more than 10 days
before class for discounted rate, subtract \$15 _____

I'm paying more than 10 days before class and
want books shipped to me in advance, add \$15 _____

Ship books to home address ___ business address ___
Else, books will be provided at the first class

Optional: I want a CD-ROM with hundreds of
practice questions for more self-study, add \$40 _____

Total tuition & fees: _____

Referral Code: _____

Payment Information: Make checks payable to → A+ Life & Health Training

I am bringing a check to the first class _____ I am mailing a check: _____ I am paying now via Pay Pal: _____

Mail or fax registration to: **A+ Life and Health Training**
9612 Jester Court, Laurel, Maryland 20723

Questions: Instructor, Vince Zagorski Phone: 301-725-7884 Fax: 301-725-6019