

**RAPID RESULTS TUITION INSTITUTE INC.
STUDENT REGISTRATION/ENROLMENT FORM**

COURSE INFORMATION

Seminar Name: Insurance Licensing

Course Code: _____

Course Date: _____

Time of Session: Daily 6 PM Weekly Weekend

GENERAL INFORMATION

Name: _____

Title: _____

Company: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Bus. Phone Number: _____

Bus. Fax Number: _____

Home Phone Number: _____

Email: _____

Course Date: _____

Sponsoring Company /Brokerage: _____

Insurance Licensing Tuition Level: LLQP

REGISTRATION FEES

Insurance Licensing: LLQP – \$350.00 + GST

Total: _____

* Post dated cheques not accepted. A \$30.00 surcharge will apply to NSF cheques.

Method of Payment: VISA MasterCard Cash
 Business Cheque Other _____

Credit Card Number: _____ Card Expiry: _____

Make Cheque Payable To:

Rapid Results Tuition Institute Inc.

I certify that the above information is correct. I am aware of the prerequisites for the course(s) for which I am registering and have met the necessary requirements. I have read and understand the enrollment policies.

Signature: _____