



...education for a changing world

WORKSHOP REGISTRATION FORM

Return form to: INSURANCE SOCIETY OF PHILADELPHIA
P.O. Box 40088, Philadelphia, PA 19106-0088

(215) 627-5306
FAX (215) 627-2754

You can register online at www.insurancesociety.org and click on ILearn

NAME: _____

EMPLOYER: _____ ISOP MEMBER NUMBER: _____

BUSINESS ADDRESS: _____

HOME ADDRESS: _____

BUSINESS PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

Table with 4 columns: COURSE, DATE, ID #, TUITION. Contains 4 empty rows for registration details.

TOTAL ENCLOSED _____

Payment must accompany application.

Check Enclosed [] or Charge to: Visa [] MasterCard [] Amex []

Card Number: _____ Expiration Date: _____

Signature: _____

CANCELLATION POLICY: No refunds will be issued for a cancellation received later than five days prior to the date of the workshop. No credits will be issued for cancellations the day of class or after the class has taken place. A non-refundable processing fee of \$20.00 will be deducted from all refunds and requests for workshop changes.