

WEBINAR REGISTRATION FORM

Mr. Mrs. Ms. Full Name: _____
 Agency/Company: _____
 Mailing Address: _____
 City / State / Zip: _____
 Phone: _____ Fax: _____
 Email: _____ VA Insurance License Number: _____

| <u>Class Length</u> | <u>Member Rate</u> | <u>Non-Member Rate</u> |
|---------------------|--------------------|------------------------|
| 1-hour class | \$27 | \$42 |
| 2-hour class | \$42 | \$57 |
| 3-hour class | \$57 | \$72 |
| 4-hour class | \$72 | \$87 |

- - - Office Use Only - - -

| DATE | TOPIC | TIME | REGISTRATION FEE | NF | R | E |
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TOTAL PAYMENT

Please verify course #. You CANNOT repeat a course within the same biennium. Payment method is credit card only. **No refunds.**

CC #: _____ Exp: _____ Security Code: _____

Name on Card: _____

Billing Address: _____

City / State / Zip: _____

Form must be received 3 business days prior to the webinar you wish to attend. Once your registration has been processed, you will receive an emailed confirmation. Approx. 24 hours prior to the class, we will email you an invitation with the URL/Link to **Join The Webinar** at the scheduled time. The email will also include the link for the sign-in/ sign-out sheet and evaluation.

At the completion of the webinar, both of these forms need to be completed and returned to SHERYL@PIAVADC.COM.

FAX REGISTRATION FORM TO (804) 266-1075 or SCAN/EMAIL TO CAROL@PIAVADC.COM

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