



Insurance Training and Education Center, Inc.'s ~ 2020 Education Schedule
~ a subsidiary of the Independent Insurance Agents and Brokers of Arizona ~

CSR Essentials of Life & Health Seminar

This course will help build a better understanding of what your clients need to know about life and health insurance. Your ability to explain to your clients the benefits of having the proper life and health coverage is key to the financial well-being of their families and businesses. Enhance your ability to answer questions and analyze life insurance needs, as well as provide advice about a diverse assortment of health insurance products—from medical expense coverage to vision care and dental coverage—plus a variety of delivery systems and health plans designed to manage the high cost of care. Topics include: Introduction to Life Insurance, Term Insurance, Permanent Life Insurance, Health Insurance Concepts, Regulation and Consumer-Driven Plans. Class times: 7:45 a.m. – 4:00 p.m. Optional exam: 4:00 p.m. – 5:00 p.m. Lunch will be provided.

DATE: December 9, 2020

INSTRUCTOR: Lynne Lovell, CIC, CRM, CPCU, CLU, ChFC, ARM, RHU, AFSB, AINS, CRIS, MLIS, ASLI

LOCATION: ITEC Classroom
333 East Flower Street (3rd Street & Flower – between Thomas & Osborn Roads)
Phoenix, Arizona 85012
Phone: (602) 956-1851

Please Note: All participants must present photo identification to the on-site registrar at the course.

Approved for 7 hours of Arizona
Continuing Education Credit

PLEASE PRINT!

☐ Mr. ☐ Ms. ☐ Mrs.

Resident State: _____ Insurance Lic. #: _____

Preferred Name for Badge: _____

First Name: _____ M.I. _____ Last Name: _____

Are you taking this seminar for C.E. credit?
☐ YES ☐ NO

Designations: _____

Date of Birth: _____

Agency/Company: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

E-Mail Address: _____

Method of Payment:

☐ Check: made payable to ITEC

Receipt? ☐ YES ☐ NO

☐ Credit Card:

Amount: \$185.00 ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

Credit Card Security Code: _____

Card Number: _____ - _____ - _____ - _____ Expiration Date: _____ / _____

Cardholder's Name: _____ Cardholder's Signature: _____

↑ Please Print! ↑

Credit card billing address (with zip code): _____

↑ Same address as above? Please circle - YES or NO↑

CANCELLATION POLICY: Full refund if written notification is received seven (7) business days prior to the seminar. Cancellations received after that date will incur a \$25 non-transferable fee. No shows forfeit full registration fees. ITEC is not responsible for airfare, lodging, or other related expenses including airline penalties incurred. No transferring of funds to a future seminar will be allowed. ITEC reserves the right to cancel or reschedule this event.