



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

CIC Insurance Company Operations Institute

What role do you play within a company and how are different company functions related? In the Insurance Company Operations course, you will learn strategic decision-making strategies for the purpose of satisfying regulatory requirements, meeting compliance standards, product development, underwriting, distributing and marketing, processing claims, and other vital company functions. Learn more about how you can apply advanced executive strategies to improve business functions and promote company success.

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

PLEASE PRINT!

☐ Mr. ☐ Ms. ☐ Mrs. Resident State: _____ NPN or License #: _____
Preferred Name for Badge: _____
First Name: _____ M.I. _____ Last Name: _____
Are you taking this institute for C.E. credit? Designations: _____
☐ YES ☐ NO Date of Birth: _____
Agency/Company: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone: (_____) _____ Fax: (_____) _____
E-Mail Address: _____

Institute Information: Dates: June 10-12, 2020 Room Rate: \$69 Single King Bed if Reserved by 05/13/2020
Institute Location: Four Points by Sheraton Phoenix North – 2532 West Peoria Avenue – Phoenix, AZ 85029 – (602) 943-2341
Agency: **Wednesday, June 10th** **Thursday, June 11th**
8 am – 10:15 am Executive Strategies 8 am – 10 am Product Development
10:15 am – 12:15 pm Actuarial Practices & Accounting 10 am – 12 pm Agency / Policyholder Services
1:15 pm – 5:15pm Claims 1 pm – 5 pm Underwriting
Friday, June 12th
8 am – 10 am Optional Insurance Company Operations Exam Attendees on your own for lunch each day
Speakers: John Neal, CRM – PA Craig J. Sietsema, CIC, CRM – MI **Approved for 16 hours of CE credit**

Method of Payment:

Receipt? ☐ YES ☐ NO

☐ Check: made payable to ITEC

☐ Credit Card:

Amount: \$420.00

☐ VISA

☐ MASTERCARD

☐ AMERICAN EXPRESS

Card Number: _____ - _____ - _____ - _____ Expiration Date: _____/_____/____ Security Code: _____

Cardholder's Name: _____ Signature: _____

↑ Please Print! ↑

Credit card billing address (Please include 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 \$105 non-transferable fee. No shows forfeit full registration fees. ITEC reserves the right to cancel or reschedule this event. ITEC is not responsible for airfare, lodging, or other related expenses including airline penalties incurred.