

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

CIC Agency Management Institute

Agency personnel today must be both professional insurance counselors and sound business people. Learn how to balance these functions by building and maintaining staff support, maximizing customer service, and improving overall operations while increasing the agency's bottom line. This institute combines classroom presentations and group discussions to provide you the opportunity to deal with real issues and problems. It includes: The Agency as an Organization, Managing and Sustaining Financial Strength, Human Resources, Agency Productivity & Effectiveness, and Legal & Ethical Responsibilities. This Institute is approved for 16 hours of Arizona Continuing Education Credit.

Please Note: All participants must present photo identification to Contains 3 hours of Ethics credit for Arizona the on-site registrar at the course. Resident State: _____ Insurance Lic. #:_____ PLEASE PRINT! Preferred Name for Badge: \square Mr. \square Ms. \square Mrs. First Name: M.I. Last Name: Are you taking this institute for C.E. credit? Designations: Date of Birth: \sqcap YES \sqcap NO Agency/Company: Address: _____ State: ____ Zip Code: _____ E-Mail Address: **Institute Information:** Dates: August 5-7, 2020 Room Rate: \$69 Single King Bed if Reserved by 07/07/20 Institute Location: Four Points by Sheraton Phoenix North - 2532 West Peoria Avenue - Phoenix, AZ 85029 - (602) 943-2341 Thursday, August 6th (Continued) Agenda: Wednesday, August 5th 8:15 am – 12:15 pm Strategic Planning 2:00 pm - 5:00 pm Ethical Responsibility 1:15 pm – 5:15pm Talent Acquisition and Development Thursday, August 6th Friday, August 7th 8:00 am - 10:00 am Optional Agency Operations Exam 8:00 am - 10:00 am Client Acquisition and Retention 10:00 am – 2:00 pm Technology Utilization Speakers: **Bettye D. Hutchison**, **CIC**, **CRM**, **CPCU**, **ARM**, **CPIA**, **AAI** – MD Bruce McCreadie, CIC, CPIA, AAI - FL **Method of Payment:** Receipt? ☐ YES ☐ NO ☐ Check: made payable to ITEC Credit Card: Amount: \$420.00 ☐ MASTERCARD □ AMERICAN EXPRESS □ VISA 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 ↑

responsible for airfare, lodging, or other related expenses including airline penalties incurred.

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