

Registration Form

Troy University

Pre-license School
Continuing Education Courses

Please complete the form, print and mail it, along with a check, to the address below.

Fee: \$250.00

Make checks payable to "Excellence in RMI Fund – Troy University"

Registration form and check to be received within two weeks of school.

Indicate which school you are registering to attend.

- Property and Casualty Pre-license
- Life and Health Pre-license
- Continuing Education – Property and Casualty Producer #: _____
- Continuing Education – Life and Health Producer #: _____

Date of class you are registering for: _____

Name: _____

Sponsoring Organization (if any): _____

Job Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Send payment and registration form to:

Dr. Carol A.B. Jordan
Eminent Scholar of Risk Management & Insurance
200 McCartha Hall
Troy University
Troy, AL 36082

For questions, contact April Lynch

Phone: 334-670-5833
Email: alynch@troy.edu
Fax: 334-670-5853