

Universal Enrollment Form

Registration Information

(1) Course Title _____ Date _____ Location (City) _____ \$Cost _____

(2) Course Title _____ Date _____ Location (City) _____ \$Cost _____

First Name _____ M.I. _____ Last Name _____

Designations Earned (e.g., CIC, CRM, CPCU etc.) _____ GA Insurance License Number _____

Agency/Company Name _____

Agency/Company Address _____

City _____ State _____ Zip _____

Telephone Number (MANDATORY) _____ Fax Number _____

Email Address (MANDATORY) _____

Method of Payment

Total Registration Fee: \$ _____

Payment must accompany registration form.

Check enclosed payable to PIA of Georgia

(Returned checks may be assessed a \$25 fee)

Charge my: Personal **OR** Corporate credit card noted below

Credit Card Number _____ AMX Discover MC VISA

Expiration Date on Card _____ 3- or 4-digit security code _____ Zip Code where statement is received _____

Name of Cardholder (please PRINT) _____

Signature of Cardholder _____



Local
Agents
Serving
Main Street
AmericaSM

4 Easy Ways to Register

- 1) Mail: 3805 Crestwood Pkwy. Ste. 140
Duluth, GA 30096
- 2) Fax: 770/921.7590
- 3) eMail: education@piaga.com (attach form)
- 4) Online: www.piaga.com

Questions?

Give PIA of Georgia a call at 800/233.4902 or
send an email to education@piaga.com

Cancellation/Transfer Policy

Go to www.piaga.com