



APPLICATION FOR REGISTRATION Courses & Seminars

NAME: _____

BROKERAGE: _____

ADDRESS: _____

CITY: _____ **POSTAL CODE:** _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

I (MY FIRM) IS A MEMBER IN GOOD STANDING OF THE INSURANCE BROKERS ASSOCIATION OF MANITOBA: ___YES ___NO

SEMINARS: **REFER TO YOUR SPECIFIC SEMINAR FOR APPLICABLE REGISTRATION FEES**
(Non-members add 50% sur-charge per person per seminar. May be applied to membership dues within 1 year)
SEMINAR TITLE: _____

LOCATION: _____

DATE: _____ **TIME:** _____

PLEASE NOTE: If you are not notified before the seminar begins, assume that your registration is confirmed and that the seminar will begin as scheduled.

COURSES: **I have completed the following designation courses:** CAIB/CCIB AIIC/CIP None

EDUCATION COURSE: _____

LEVEL: _____ **STUDY METHOD:** _____

***While membership in the provincial brokers association is not a pre-requisite of IBAM courses membership IS required for the use of any IBAC designations.**

Exam Date: _____ I wish to write my exam in the following location:

Winnipeg Brandon The Pas Dauphin Thompson

WHERE APPLICABLE: *Please check here ___ if you require **RIBO** continuing education credits*
 *I would like to receive **General** or **Life** CEC's *

Make copies as needed - **DO NOT FAX** - registrations processed as received by mail only.

Enclosed please find my cheque in the amount of _____ payable to I.B.A.M.

Fees include a non-refundable amount. NO REFUND if cancellation within 7 days of session, or if a "NO SHOW". A \$20.00 charge applies on all returned cheques.

Applications will be processed as monies are received on a first-come, first-served basis and **all classes are subject to sufficient enrolment.**

DATED: _____ **SIGNED:** _____

SEND YOUR REGISTRATION FORM WITH YOUR CHEQUE TO:
I.B.A.M. , 205-530 Kenaston Blvd, Winnipeg, MB R3N 1Z4
 Ph: (204) 488-1857 (800) 204-5649