



HONOLULU ASSOCIATION OF INSURANCE PROFESSIONALS
Insurance Provider # 207691

Educational Class - REGISTRATION FORM
Introduction to Workers Compensation

NAME		LICENSE #		VENDOR #	
EMPLOYER NAME & ADDRESS				BUSINESS PHONE NO.	
STUDENT MAILING ADDRESS			CITY	STATE	ZIP CODE
STUDENT EMAIL ADDRESS:					
Please indicate the course you plan to attend and the textbooks you need to purchase below:					
Course Name: INTRODUCTION TO WORKERS COMPENSATION - Class begins – Wednesday August 12, 2009 – 4:00 to 6:00 PM				Course # PC100594	
Remittance: Tuition: <input type="checkbox"/> HAIP-Member/Corporate Partners <input type="checkbox"/> Non-Member					
<u>Please check one</u> \$ 75.00 \$ 100.00 \$					
Textbooks:					
Required Pkg		\$ 5.00			
WC Law & Statutes		\$ Incl			
WD Medical Fee Schedule		\$ Incl			
TOTAL		\$ 5.00		TOTAL TEXTBOOKS \$ 5.00	
				TOTAL COST: \$	

To earn CE Credits for the classes, the required minimum attendance must be met.

NO TUITION REFUNDS OR SUBSTITUTIONS OF ENROLLMENT WILL BE ALLOWED AFTER THE FIRST CLASS MEETING.

Please **FAX the registration form** to the number below, and then **MAIL your TUITION CHECK** with the original registration form to the PO Box shown below.

Fax to: Dora Kahauolopua @ (808) 533-1680

You may also scan & email the registration to: education@haipro.org

Make check payable to **HONOLULU ASSOCIATION OF INSURANCE PROFESSIONALS** and mail along with your registration form to: **HAIP Education Committee**

Honolulu Association of Insurance Professionals
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