



**HONOLULU ASSOCIATION OF INSURANCE PROFESSIONALS**  
**Insurance Provider # 207691**

**Educational Class - REGISTRATION FORM**  
**Introduction to Workers Compensation**

<b>NAME</b>		<b>LICENSE #</b>		<b>VENDOR #</b>	
<b>EMPLOYER NAME &amp; ADDRESS</b>				<b>BUSINESS PHONE NO.</b>	
<b>STUDENT MAILING ADDRESS</b>			<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>STUDENT EMAIL ADDRESS:</b>					
<b>Please indicate the course you plan to attend and the textbooks you need to purchase below:</b>					
Course Name: <b>INTRODUCTION TO WORKERS COMPENSATION - Class begins – Wednesday August 12, 2009 – 4:00 to 6:00 PM</b>				Course # <b>PC100594</b>	
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		<b>\$ 5.00</b>			
WC Law & Statutes		\$ Incl			
WD Medical Fee Schedule		\$ Incl			
<b>TOTAL</b>		<b>\$ 5.00</b>		TOTAL TEXTBOOKS <b>\$ 5.00</b>	
				<b>TOTAL COST:</b> \$	

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](mailto: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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