

Print and fill out this form and mail with a check or credit card info to City Auto Glass, PO Box 629 So St Paul, MN 55075.
Or you may fax to (651) 552-1080 if paying with a credit card.
 Seating is limited. Registration does not guarantee a seat.

**Insurance Continuing
 Education
 Featuring
 Bob Loonan!**

Sponsored by



Spring Session - 8 Credits!

AM Session <small>Approved for 4 credits</small>	AM Liability Fundamentals - 8:00 AM - 12:00 PM. This session will review fundamentals of liability exposures and coverage as they pertain to the current market. There are many levels of exposure to losses regarding liability. Make sure you are giving your customers good information.
PM Session <small>Approved for 4 credits</small>	PM Credit Scoring and Insurance Rates - 12:00PM - 4:00 PM. The greatest frustration insurance professionals have with Credit Scoring is knowing how to explain what an insured can do to improve their score, and how quickly it can get better. This high demand course will give valuable information to allow you to help your customers be proactive about their FICO score.

CE Registration

Course location:

(Circle choice)

Duluth, April 6 | **Hibbing /Chisholm**, April 7 | **Rochester**, March 16 | **Mankato**, March 17
Willmar, March 23 | **Brainerd**, March 24 | **St Cloud**, March 25 | **South St Paul**, March 2
Brooklyn Center, March 4 | **Shakopee**, March 11 | **Vadnais Heights**, March 9

Name: _____ (as it appears on license)

Insurance Agency Name _____ Phone _____

Minnesota Insurance License Number _____

I will attend the **AM Session** _____ I will attend the **PM Session** _____ I will attend **both** _____

I will be attending the complimentary luncheon. _____ **Yes** _____ **No**

The fee is \$50 regardless of full or half day attendance. You may include a personal check payable to City Auto Glass with this form and mail to City Auto Glass, PO Box 629 So St Paul, MN 55075. Or fill in the credit card information and fax to (651) 552-1080. **Your credit card will not be charged until after the event date.**

Visa, MC, or Discover Card # _____ Exp Date _____

(circle card type)

Cardholder Name _____

Billing Address _____ Zip _____

Cardholder Signature _____ CVV# _____

(last 3 digits of the number on the back of card)