

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*



## Fall 2010 Session - 8 Credits!

<p><b>AM</b> Session <u>Approved for 4 credits</u></p>	<p><b>Credit Scoring Tactics &amp; How It Applies To Your Customer - 8:00 AM - 12:00 PM.</b> This information-packed seminar will cover aspects of credit scoring and tactics to improve it. In this session, you will come away with talking points about the relationship between Credit and Insurance Rates.</p>
<p><b>PM</b> Session <u>Approved for 4 credits</u></p>	<p><b>Proactive Ethics - 12:00PM - 4:00 PM.</b> The situations people get into make it easier or more difficult to act ethically. This rule applies not only to insurance professionals, but to the customer, and to managers as well. We will discuss ideas that allow you to be proactive in the different situations we deal with day in and day out.</p>

### Website CE Registration

**Course location:** (Circle choice)

**Proctor**, September 14 | **Chisholm**, September 15 | **Rochester**, September 22 | **Mankato**, September 21  
**Willmar**, September 7 | **Brainerd**, September 8 | **St Cloud**, September 9 | **South St Paul**, September 28  
**Brooklyn Park**, October 5 | **Shakopee**, October 7 | **Vadnais Heights**, September 30

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)