

**EDUCATIONAL CONCEPTS UNLIMITED, INC.**

**3301 W. Main, Belleville, IL 62226**

**618-233-1228**

**www.ecuinc.biz**

**PRE-LICENSING CLASS SCHEDULE**

ALL CLASSES ARE HELD AT 3301 W. MAIN, BELLEVILLE, IL FROM **8:00 A.M. - 5:00 P.M.** (State Laws, Accident/Health or Casualty are covered the second day.)

**COST:** 1 LINE \$151 (ie. Life only), 2 LINES \$206 (i.e. Life & Health), 4 LINES \$356 (i.e. L/H & P/C)

**We accept Visa, MC, Discover, Check, Money Order or Cash.**

<b><u>Life, Accident/Health:</u></b> April 23 & 24, 2012	<b><u>Property &amp; Casualty:</u></b> April 20 & 21, 2012
April 27 & 28, 2012	May 4 & 5, 2012
May 7 & 8, 2012	May 18 & 19, 2012
May 11 & 12, 2012	May 31 & June 1, 2012
May 21 & 22, 2012	June 15 & 16, 2012
June 4 & 5, 2012	June 29 & 30, 2012
June 8 & 9, 2012	July 13 & 14, 2012
June 18 & 19, 2012	July 27 & 28, 2012
June 22 & 23, 2012	August 10 & 11, 2012
July 2 & 3, 2012	August 24 & 25, 2012
July 6 & 7, 2012	Sept. 7 & 8, 2012
July 16 & 17, 2012	Sept. 21 & 22, 2012
July 20 & 21, 2012	Oct. 5 & 6, 2012
July 30 & 31, 2012	Oct. 19 & 20, 2012

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**To REGISTER,** please complete form, fax to 618.233.1295, email to **ecuinc@aol.com** or mail.

**Name of Student:** \_\_\_\_\_ **Class Date:** \_\_\_\_\_

**Address of Student:** \_\_\_\_\_

**City:** \_\_\_\_\_ **IL Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Office Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Name on card (if not the student):** \_\_\_\_\_

**Billing Address (if not the student):** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Expires:** \_\_\_\_\_ /20\_\_\_\_  
**Month/ Year**

**Signature of Cardholder:** \_\_\_\_\_