

# Educational Concepts Pre-Licensing Schedule

**Location:** All classes are held at **3301 W. Main, Belleville, IL** from **8 a.m. – 5 p.m.**  
**LATE ARRIVALS MAY NOT BE ADMITTED TO CLASS. STATE LAW REQUIRES 7.5 HOURS IN CLASS.**  
 (FOR DRIVING DIRECTION USE EITHER YAHOO OR GOOGLE, DO NOT USE MAPQUEST.)

## LIFE, ACCIDENT/HEALTH

July	August	September	October
July 10 & 11, 2017	August 10 & 11, 2017	September 7 & 8, 2017	October 5 & 6, 2017
July 18 & 19, 2017	August 17 & 18, 2017	September 11 & 12, 2017	October 19 & 20, 2017
July 24 & 25, 2017	August 23 & 24, 2017	September 21 & 22, 2017	October 23 & 24, 2017
July 31 & August 1, 2017	August 30 & 31, 2017	September 25 & 26, 2017	October 30 & 31, 2017

## PROPERTY/CASUALTY

July	August	September	October
July 6 & 7, 2017	August 3 & 4, 2017	September 18 & 19, 2017	October 12 & 13, 2017
July 20 & 21, 2017	August 14 & 15, 2017	September 28 & 29, 2017	October 26 & 27, 2017
	August 28 & 29, 2017		

\*\*\*\*\***PRICE INCLUDES ONLINE TEST SIMULATOR**\*\*\*\*\*

» **Select Class:**  Life Only (\$185)  Accident/Health Only (\$185)  Life, Accident/Health (\$249)\*  
                           **Day 1 & ½ Day on Day 2**                           **Day 2 only**   **Day 1 & Day 2**

» **Select Class:**  Property Only (\$185)  Casualty Only (\$185)  Property/Casualty (\$249)\*  
                           **Day 1 & ½ Day on Day 2**                           **Day 2 only**   **Day 1 & Day 2**

\*If registering for both Life, Accident & Health and Property/Casualty classes at the same time, there is a \$50 discount. The cost for the combined classes is \$448.

» **Select Class Date:** \_\_\_\_\_

**ADVANCED PAYMENT REQUIRED TO RECEIVE STUDY MATERIAL PRIOR TO CLASS.**  
**24 HOUR CANCELLATION IS REQUIRED.**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_ **cell/home/office**  
*Circle One*

**METHOD OF PAYMENT:** VISA      MASTERCARD      DISCOVER      AMERICAN EXPRESS      CHECK # \_\_\_\_\_

NAME ON CARD (IF NOT THE STUDENT) \_\_\_\_\_

**BILLING ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**CREDIT CARD NUMBER** \_\_\_\_\_ **EXP.** \_\_\_\_\_ **SEC. CODE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

EDUCATIONAL CONCEPTS UNLIMITED, INC.  
 3301 W. MAIN, BELLEVILLE, IL 62226  
 618-233-1228 **OFFICE**/618-233-1295 **FAX**