

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

November	December	January
November 2 & 3, 2017	December 4 & 5, 2017	January 8 & 9, 2018
November 8 & 9, 2017	December 14 & 15, 2017	January 11 & 12, 2018
November 13 & 14, 2017	December 21 & 22, 2017	January 22 & 23, 2018
November 27 & 28, 2017	December 28 & 29, 2017	January 29 & 30, 2018

PROPERTY/CASUALTY

November	December	January
November 16 & 17, 2017	December 7 & 8, 2017	January 4 & 5, 2018
November 20 & 21, 2017	December 18 & 19, 2017	January 18 & 19, 2018

*******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 _____