

# 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

August	September	October	November
August 31 & Sep. 1, 2020	September 17 & 18, 2020	October 15 & 16, 2020	November 12 & 13, 2020
	September 29 & 30, 2020	October 27 & 28, 2020	November 24 & 25, 2020

## PROPERTY/CASUALTY

August	September	October	November
August 27 & 28, 2020	September 10 & 11, 2020	October 8 & 9, 2020	November 5 & 6, 2020
	September 24 & 25, 2020	October 22 & 23, 2020	November 19 & 20, 2020

\*\*\*\*\***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**  
**File path: S drive/Website Materials/Schedules/Class Schedule 2019**