

ACE INSURANCE SCHOOL

A division of the **BROOKLYN SCHOOL OF REAL ESTATE**

157 KINGS HIGHWAY, BROOKLYN, NY 11223

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INSURANCE CONTINUING EDUCATION

ENROLLMENT FORM

DATE _____ 20__

Course date: _____ 20__

Personal information

FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ MOBILE PHONE _____

WORK PHONE _____ FAX _____

E-MAIL ADDRESS _____

BUSINESS ADDRESS _____

LIC. NUMBER: _____ EXP. DATE _____

1) COURSE NAME : _____ COMPLETION DATE _____ HRS. _____

2) COURSE NAME : _____ COMPLETION DATE _____ HRS. _____

*IF YOU WANT TO PAY BY CHECK, PLEASE, MAKE A PAYMENT FOR
ALL AMOUNT TO THE **BROOKLYN SCHOOL OF REAL ESTATE***

CREDIT CARD INFORMATION

CREDIT CARD HOLDER NAME _____

CARD TYPE _____ (VISA OR MASTERCARD)

SECURITY CODE NUMBER _____ (LAST 3 DIGIT ON THE BACK OF YOUR CREDIT CARD) ZIP CODE _____

CARD NUMBER _____ EXP. DATE _____

AMOUNT PAID \$ _____ BALANCE DUE \$ _____ DATE _____

SIGNATURE _____