



LTCP REVIEW WORKSHOP REGISTRATION FORM



To register for an LTCP Review Workshop please complete the information below.



Please register me for the following accelerated LTCP review workshop and send me the four course books in advance.

CLASS DATES _____ CITY / STATE _____

PERSONAL INFORMATION

This is where books will be sent and will be used by AHIP to send completing material.

FIRST NAME _____ LAST NAME _____

JOB TITLE _____ COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ E-MAIL _____

CE NEEDED? YES, for the State of _____ NO

COST & PAYMENT OPTIONS

Unless otherwise notes on our Website, the cost of the Review Course is \$995. This includes all course material and designation fees. Travel, hotel and personal expenses are not included. Some courses led by designated instructors can cost \$1,120. A NON-REFUNDABLE CANCELLATION FEE of \$200 applies once your registration is processed if you cancel for any reason.

PAY BY CHECK Make Check payable to AALTCI. Mail to address below

PAY BY CREDIT CARD (MasterCard, VISA, American express) Fax to (818) 597-3206 or mail
I authorize the American Association for Long-Term Care Insurance to charge the appropriate amount for the LTCP designation program.

3-PAYMENT OPTION: Those registering 3 or more months in advance of the class can have payments applied in thirds.

Check Here and Sign _____ I authorize AALTCI to charge my card for the three payments.

Credit Card Number _____ EXP DATE _____

Credit Card Billing Address _____

Signature _____ Name on Card _____

MAIL TO: AALTCI, 3835 E. Thousand Oaks Blvd., Ste 336, Westlake Village, CA 91362

➤ **FOR FASTEST SERVICE:** FAX to (818) 597-3206 ◀