



IIAV Education Registration Form

Please Print

Registrant's Full Name	Designations
Agency/Company	
Business Street Address (sorry, no P.O. boxes)	
City/State/Zip	
Office Phone	DOB
Fax	Licensed in State(s)?
Email	Agent License #

IIAV Classroom Training Registration

Please use a separate form for each individual registering.

Seminar Name	Date	City	Price

TOTAL

Payment Method

☐ INVOICE ME ☐ CHECK TO FOLLOW (payable to IIAV) ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER

Card No.	Exp. Date	V-code*
Billing Street Address	Billing City/State/Zip	
Issued to	Signature	

*The V-code is the last three digits on the back of your credit card, in the signature panel.

Please submit by email: sp Perkins@iiav.com

**Or by mail: IIAV Education Dept.
8600 Mayland Drive
Richmond, VA 23294**