

INSURANCE AND RISK MANAGEMENT SEMINARS

The seminars offered by the Center for Professional Education provide a comprehensive understanding of both industry fundamentals and emerging developments in the theory and practice of risk management and insurance.

The Center is uniquely qualified to offer these programs due to its ability to call upon scholars, accomplished executives and specialists in the insurance and financial services fields. In this way, the Center can present the most recent developments in risk and insurance from both academic and pragmatic viewpoints.

Title	Dates	Fee
NEW COURSE! Becoming a Top Producer(<i>Geneen</i>) 7 NY CE credits – BR, C3, PA, PC	Thursday, 3/15 9:00 a.m. – 5:00 p.m.	\$795.
Introduction to Risk Management & Insurance (<i>Hubbel</i>) 14 NY CE credits – all lines	Monday, 3/26 & Tuesday, 3/27 9:00 a.m.– 5:00 p.m.	\$1295.
Insurance Accounting & Financial Analysis: Property & Casualty (<i>Gottheimer</i>) 15 NY CE credits – all lines	Thursday, 4/12 & Friday, 4/13 9:00 a.m. – 5:00 p.m.	\$1295.
A One-Day Reinsurance Intensive (<i>Standing</i>) 7 NY CE credits – all lines	Thursday, 4/26 9:00 a.m. – 5:00 p.m.	\$795.

Refund policy

If you are unable to attend a course, we will deduct a \$35 administration fee, after which the following refund schedule applies. If you cancel, **in writing:**

Up until the course's start date: 100% (-\$35 fee)
After the first class but before the second: 75% (-\$35 fee)

There are no refunds after the second class. Qualified substitutes will be accepted at the first session at no additional charge.

To register, please mail or fax this form to:

The Center for Professional Education
St. John's University
School of Risk Management, Insurance and Actuarial Science
101 Murray Street
New York, NY 10007
Tel: (212) 277-5161
Fax: (212) 732-6175
Email: cpe@stjohns.edu
Web: <http://www.stjohns.edu/cpe>

THE CENTER FOR PROFESSIONAL EDUCATION

For St. John's use only

Registration Form – Spring 2007

Name (<i>first name, last name</i>)	Social Security Number (<i>required</i>)	Date of Birth (<i>required</i>)
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Company Name	International student? ___ Yes ___ No
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Address (<i>please specify: ___ Company or ___ Home. If using a credit card, please provide billing address</i>)
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City	State	Zip
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Day Phone	Other Phone
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E-Mail	Fax
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Course Title	Date	Fee \$
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Course Title	Date	Fee \$
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Payment. Please indicate payment method. Make checks payable to St. John's University.

___ Check	___ Money order	___ Bill my company (<i>please attach letter of authorization</i>)	Total
___ Visa	___ MasterCard	___ American Express	\$

Card Number	Expiration Date
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Cardholder Name	Signature
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