

# CE REGISTRATION POLICY

## REGISTRATION

To register for a course, a completed registration form must be received, with payment in full (to IBAO) prior to the start date. We accept brokerage cheque, brokerage credit card, certified personal cheque, MasterCard, and VISA (see address and fax number, below). Courses are filled on a first come, first served basis.

## DEADLINES

The cut-off for course registration is five (5) business days prior to the start date. Late registrants may be accepted space permitting, however enrollment may be subject to a late registration fee.

## TRANSFERS

Transfers from one program to another, or from one individual to another, are permitted but may be subject to a transfer fee of \$50 depending on the circumstances.

## CANCELLATION

Written notice (emails are accepted) must be received prior to the start date. A full refund is granted when IBAO receives notice more than ten (10) business days prior to the start date; however a \$75 processing fee may apply. No refunds are granted on or after the start date. Penalty for insufficient notice are at the discretion of IBAO.

## TEXTBOOKS

Once textbooks have been received, they're non-refundable.

## FEES

Licensing and RIBO accredited programs are tax exempt. Fees are subject to change without prior notice.

## NSF & BANKING FEES

All bank charges incurred are the applicant's responsibility.

***Note: It's the student's responsibility to become familiar with the Registration Policy prior to enrollment. Please keep a copy of registration information for your records. Mail, fax, or email completed registration forms to:***

Tracey Blouin, Education Administrator - Courses & Seminars, email: [tblouin@ibao.on.ca](mailto:tblouin@ibao.on.ca) | fax: 416 488 7526  
Insurance Brokers Association of Ontario, 700-1 Eglinton Avenue East, Toronto, ON M4P 3A1

# CE REGISTRATION FORM

## 1. Applicant Information

IBAO Number: \_\_\_\_\_ RIBO Number: \_\_\_\_\_

Course Name: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Brokerage: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## 2. Payment Options

Fee Enclosed (please refer to website for fees): \$ \_\_\_\_\_

Brokerage Cheque    
  Certified Personal Cheque    
  MasterCard    
  VISA

Card #: \_\_\_\_\_ Card Expiry: \_\_\_\_\_

Check one:  
 Personal card  
 Brokerage card

Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

## 3. Applicant Declaration

I \_\_\_\_\_ confirm the above information is correct. I agree to participate in the above course and abide by IBAO education's Registration Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Mail, fax, or email completed registration forms (with payment) to:

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