THE AMERICAN COLLEGE

Credit Card: please fax completed forms to 610-526-1497
Check: please mail your completed forms with full admission, tuition, and shipping charges to:
The American College
PO Box 1513, Bryn Mawr, PA 19010-2196
Call: 866-886-5069

2009 NAHU Registration Form

PRIVACY POLICY The American College respects the right to privacy of its students and is committed to safeguarding the personal information of each student. Please visit our website, ***TheAmericanCollege.edu,*** to view the full policy.

YOUR KEY DATA (Must match your credit card information; UPS cannot deliver to a PO box)

LEGAL NAME:

STREET:

CITY: **STATE:**

ZIP/POSTAL CODE: **COUNTRY:**

PHONE: **FAX:** **E-MAIL (required):**

SOCIAL SECURITY #: **DATE OF BIRTH:**

STUDENT NUMBER:

COURSE NUMBER	COURSE NAME	TUITION*
HS 325	Group Benefits	$565
HS 340	Advanced Topics in Group Benefits	$565
HS 344	Advanced Topics in Managed Care	$565

DO YOU HAVE AN INSURANCE LICENSE? ❑ Yes ❑ No If yes, what is your state of licensure and your license number?

STATE: ☐☐ **LICENSE NUMBER:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

I request CE credit for my course(s) ❑ Yes ❑ No CE Fee $_____ *(If left unchecked, CE will not be processed)*
Fees apply in the following states. ***Please include the amount in the Fee Summary on the reverse side of this form.***
CT $4.50 per course; IA $1.00 per credit; ID $1.00 per credit; IN $4.00 per course; MA $.60 per credit; MD $.60 per credit; MI $1.00 per credit; MS $4.00 per course; NC $1.65 per credit; NH $1.00 per credit; OH $1.00 per credit; OK $1.00 per credit; PA $4.50 per course; WV $1.75 per credit.

FEE SUMMARY

Admission Fee *(all new students; one-time; nonrefundable fee of $125)* $ _____
Course Fees (see Total) $ _____
Continuing Education Fee *(if applicable; nonrefundable)* $ _____
Shipping/Handling ($25 within contiguous U.S.; nonrefundable; see catalog for fees outside of contiguous U.S.) $ _____
You can expect your study materials to arrive 10 business days after we process your paid registration.

TOTAL ALL FEES: $ _____

METHOD OF PAYMENT

❑ **CHECK:** Make Check Payable to **The American College**

❑ **CREDIT CARD:** ❑ VISA ❑ MC ❑ AMEX ❑ DISCOVER

Acct. No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp. Date: ☐☐☐☐

TOTAL amount enclosed and/or charged: $ ☐☐☐☐☐☐

This signature serves as my agreement to The College's refund policies and authorization to charge my credit card:

Signature: _____ Signature Date: _____