



## WorkCompCentral Education Enrollment Form

### Enrollment Instructions:

1. Fill out all information
2. Fax this form: 805-484-9322 or Mail: 1320 Flynn Rd. Suite 403, Camarillo, CA 93012
3. If you have questions call 805-484-0333 and ask for **Education**

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### Personal Contact Information: (Note: this is only for identification purposes, we will not sell your info to 3<sup>rd</sup> parties)

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: (include apt, unit, suite) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### Profession Information: (Please select your profession segment, this will help us better develop courses in the future)

Insurance: \_\_\_\_\_ TPA: \_\_\_\_\_ Self-Insured: \_\_\_\_\_ Legal: \_\_\_\_\_ Medical: \_\_\_\_\_ Agent: \_\_\_\_\_ Other: \_\_\_\_\_

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### Course Enrollment Information: (Attach a second form for additional courses)

Course Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ Cost: \_\_\_\_\_

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### Payment Information:

Name of Cardholder: (company or individual) \_\_\_\_\_

Payment Method: Check \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AMEX \_\_\_\_\_ \*Invoice \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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### WorkCompCentral Education Policy:

Refunds are granted only if requested in writing and postmarked, faxed or e-mailed no later than 7 days prior to the live seminar date. A \$25 administration fee will be imposed on all refunds. No refund will be approved if you fail to attend a live seminar or fail to cancel your course reservation. No refund will be approved if you are not satisfied with an online course, we will credit the full course price toward any other course we offer prior to course completion and prior to the attainment of any applicable continuing education units or certificate of completion.

\*If invoiced, payment must be received within 21 days.

WorkCompCentral Education  
1320 Flynn Road Suite 403, Camarillo, CA 93012  
Phone: (805) 484-0333 Fax: (805) 484-9322  
URL: [www.WorkCompSchool.com](http://www.WorkCompSchool.com)