



Registered Critical Insurance Specialist (RCIS)

****SECTION ONE****

Course Registration

301-1111 Blanshard Street ▪ Victoria, BC ▪ Canada ▪ V8W 2H7 ▪ www.criticalinsurance.org

Phone: 250-995-2269 Fax: 250-995-2254

PLEASE NOTE: the RCIS course consists of two sections. Both sections must be completed and graded with a passing mark in order to receive the RCIS designation.
As a guarantee, CIIC will offer section two at the same cost as section one.

NAME: _____ PHONE: _____ E-MAIL: _____

COMPANY NAME: _____ JOB TITLE: _____

MAILING ADDRESS: _____ CITY: _____

PROV/STATE: _____ COUNTRY: _____ POSTAL/ZIP: _____

QTY	AMOUNT	
___	\$550.00	Registration Fee for "Section One"

CIIC Newsletter – free subscription	
<input type="checkbox"/> Yes	Please sign me up for the CIIC Newsletter

NOTE: Study materials will be provided in 2 formats (Book or CD). Please choose one.

\$ _____ Registration Fee

\$ _____ Sub-total

\$ _____ + (Option1) For shipping cost of Book \$20.00 in CANADA ONLY

\$ _____ + (Option2) For shipping cost of CD \$10.00 in CANADA ONLY

\$ _____ HST (12%)

\$ _____ TOTAL

► **REFUND POLICY** All RCIS registration fees are **non-refundable**. Any discount codes must be submitted at time of registration. There will be no back-dating or refunds applied to any discounts. No exceptions. A returned cheque payment will result in a minimum \$37.50 NSF fee. Information collected by CIIC will be kept strictly confidential, only shared with appropriate associations for CE Credits.

I understand and agree to the above policies (Please initial to begin registration process) _____

-----METHOD OF PAYMENT-----

1. Payment by Credit Card I authorize the Critical Illness Insurance Centre to process the Total above and the actual shipping charges to my VISA MasterCard American Express

Card Number: _____ Expiry Date: _____ / _____

Name - as shown on card Cardholder Signature Date

2. Payment by Cheque order will be shipped when cheque has cleared. Please make your cheque payable to The Critical Illness Insurance Centre. (\$37.50 NSF charge)

Cheque # _____ in the amount of \$ _____ is enclosed.

Please fill out in full and fax back to 250-995-2254. All amounts and transactions processed in Canadian funds
Any questions may be directed to 250-995-2269 or admin@criticalinsurance.org