



# LTCP SELF STUDY REGISTRATION FORM



To register for the LTCP please complete the information below.

I wish to receive the following

Course 1 – Understanding Needs and Option

Course 3 – The Long-Term care Insurance Product

All 4 Courses

Course 2 – Financing Long-Term Care Needs

Course 4 – Administration, Claims and HIPAA

Please note: You are required to take the course exam in the semester you enroll. Most students enroll for one course per semester. To view semester dates, go to [www.insuranceeducation.org](http://www.insuranceeducation.org) and click on Calendar.

**PRICING (per-course)** To receive the AALTCI Discount, you must be a current, paid member of the Association.

**AALTCI members: Registration Fee \$205 per-course / Nonmembers: Registration Fee \$265 per-course**

**PERSONAL INFORMATION** This is where AHIP will send course material.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

JOB TITLE \_\_\_\_\_ COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

CE NEEDED? \_\_\_ YES for the State of \_\_\_\_\_. \_\_\_ NO

## PAYMENT OPTIONS

**PAY BY CHECK** Call (818) 597-3227 for information. Mail to address below

**PAY BY CREDIT CARD** (MasterCard, VISA, American express) Fax to (818) 597-3206 or mail

I authorize AHIP to charge the appropriate amounts for the LTCP designation program.

Credit Card Number \_\_\_\_\_ EXP DATE \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

Signature \_\_\_\_\_ Name on Card \_\_\_\_\_

**MAIL TO: AALTCI, 3835 E. Thousand Oaks Blvd., Ste 336, Westlake Village, CA 91362**

**➤ FOR FASTEST SERVICE: FAX to (818) 597-3206 ◀**

### AALTCI Authorization

We certify that this individual  is a current member of AALTCI and entitled to the discount

is not a member. Charge them the regular LTCP pricing.