

**EDUCATIONAL CONCEPTS UNLIMITED, INC.**

**3301 W. Main, Belleville, IL 62226**

**618-233-1228**

**www.ecuinc.biz**

**PRE-LICENSING CLASS SCHEDULE**

**ALL CLASSES ARE HELD AT 3301 W. MAIN, BELLEVILLE, IL FROM 8:00 A.M. - 5:00 P.M. (State Laws, Accident/Health or Casualty are covered the second day.)**

**Life, Accident/Health**

February 3 & 4, 2012  
February 13 & 14, 2012  
February 17 & 18, 2012  
February 27 & 28, 2012  
March 2 & 3, 2012  
March 12 & 13, 2012  
March 16 & 17, 2012  
March 26 & 27, 2012  
March 30 & 31, 2012  
April 9 & 10, 2012  
April 13 & 14, 2012  
April 23 & 24, 2012 April 27 & 28, 2012

**Property/Casualty**

February 10 & 11, 2012  
February 24 & 25, 2012  
March 9 & 10, 2012  
March 23 & 24, 2012  
April 6 & 7, 2012  
April 20 & 21, 2012  
May 4, & 5, 2012  
May 18 & 19, 2012  
June 1 & 2, 2012  
June 15 & 16, 2012  
June 29 & 30, 2012  
July 13 & 14, 2012

**\*\*COST FOR 1 LINE \$151, 2 LINES \$206, 4 LINES \$356 includes reporting fee. WE ACCEPT VISA, MC, DISCOVER, CHECK, MONEY ORDER OR CASH.\*\***

**To REGISTER**, please complete form, fax to 618.233.1295, email to **ecuinc@aol.com** or mail.

**Name of Student:** \_\_\_\_\_ **Class Date:** \_\_\_\_\_

**Address of Student:** \_\_\_\_\_

**City:** \_\_\_\_\_ **IL Zip Code:** \_\_\_\_\_ - \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Office Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Name on card (if not the student):**  
\_\_\_\_\_

**Billing Address (if not the student):**  
\_\_\_\_\_

**Credit Card #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Expires:** \_\_\_\_\_/20\_\_\_\_  
Month/ Year

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