

Educational Concepts Unlimited, Inc.

3301 West Main Street, Belleville, IL 62226

Phone: (618) 233-1228; Fax: (618) 233-1295; Toll Free: 1-866-233-2024

GO TO: www.ecuinc.com to register online

3rd Quarter 2010

Class Schedule for July, August, September

July

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5- Holiday	6-Property	7-Casualty	8	9	10
11	12-Life	13-Health	14-Ethics	15	16-Life	17-Health
18	19-Property	20-Casualty	21	22 Ser. 6	23 Ser. 63	24
25	26-Life	27-Health	28	29	30-Life	31-Health

August (Mandated reporting fees added)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2-Property	3-Casualty	4-Ethics	5	6	7
8	9-Life	10-Health	11	12	13-Life	14-Health
15	16-Property	17-Casualty	18	19 Ser. 6	20 Ser. 63	21
22	23-Life	24-Health	25	26	27-Life	28-Health
29	30-Property	31-Casualty				

September

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6-Holiday	7-Life	8-Health	9	10-Life	11-Health
12	13-Property	14-Casualty	15-Ethics	16 Ser. 6	17 Ser. 63	18
19	20-Life	21-Health	22	23	24-Life	25-Health
26	27-Property	28-Casualty	29	30		

Life and Accident/Health Fee: \$150.00 **(\$200 after 8/1)** Property/Casualty Fee: \$150.00

One line \$125.00 **(\$145 after 8/1)**; All 4 lines for \$250.00 **(\$350 after 8/1)** (Save \$50)

Classes on Monday & Tuesday: **8:00 a.m. to 5:00 p.m.** Classes on Friday & Saturday: **8:30 a.m. to 5:00 p.m.**

Series 6 & 63 cost is \$200.00 **(\$250 after 8/1)**

To REGISTER, please complete below and email to ecuinc@aol.com, fax to 618.233.1295, 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: _____