

## LTCl Indiana, LLC

### 2018 Continuing Education Classes

Provider: LTCl Indiana, LLC, (317) 782-3222 or Cell 317-435-4447

Instructor: Mary Ann Hack

#### LTC CE:

**8-hour basic LTC, "Long Term Care & Insurance"** – Time 9:00 a.m. to 5:30 p.m. with ½ hour lunch break, lunch will be provided.

**7-hour Partnership, "Indiana LTCl Partnership Program"** - Time 9:00 a.m. to 4:30 p.m.

An 8-hour Basic LTC class must be taken PRIOR TO attending a Partnership class.

**5-hour "LTC Renewal"** – Time 9:00a.m. to 1:30 p.m. (no lunch break)

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#### Ethics CE:

**3-hour "Ethics & Long Term Care Insurance"** – Time 9:00 a.m. to 12:00 p.m.

This class applies to Ethics CE requirements only.

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**To Register:** If you wish to attend any of the scheduled **2018** Continuing Education Classes, please complete and return this Registration Form along with payment to:

**LTCl Indiana, LLC**

**1144 SE Main St., Paoli IN 47454**

Make checks payable to: LTCl Indiana, LLC

or register and pay online at [www.LTClindiana.com](http://www.LTClindiana.com)

Online registrations must be completed at least 24 hours prior to class date.

**A space will be reserved only upon receipt of a registration form and payment.**

Please, no walk-ins without prior permission. We reserve the right to cancel any class, if necessary. Anyone pre-registered would be moved to another class date of your choice or advanced registration fees would be refunded upon request.

#### **\*\*Location\*\***

**MainSource Bank**

**8740 S. Emerson Ave.**

**Indianapolis IN 46237**

**Directions:** Take I-65 to exit 101, County Line Road, turn west on County Line Road to the first stop light (Emerson Ave.) Turn right (north) on Emerson and go one block. MainSource Bank will be on your left, across from the new Super Kroger. **Entrance to the class room is on the north side of the building and the door will be opened at 8:50 a.m.**

REGISTRATION FOR **2018** CONTINUING EDUCATION CLASSES

**ALL of this information MUST be completed to report CE credits to DOI database**

Name \_\_\_\_\_ (as it appears on license)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Birthdate \_\_\_\_\_ Insurance License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**CLASS FEES: Checks/money orders should be made payable to: LTCI Indiana, LLC**

8-hour "Long Term Care & Insurance"	\$100.00	\$ _____
7-hour "Indiana LTCI Partnership Program"	\$100.00	\$ _____
5-hour "Long Term Care Renewal"	\$ 75.00	\$ _____
3-hour "Ethics & LTC Insurance"	\$ 50.00	\$ _____
Total		\$ _____

**CIRCLE DATES of classes you are registering to attend:**

**8-hr. Basic**

**7-hr Partnership**

**5-hr Renewal**

February 28

March 7

January 24

April 18

April 25

March 14

May 30

June 13

May 16

August 29

September 5

July 25

November 7

November 14

October 3

December 12

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**3-hr Ethics:**

February 7

May 9

August 8

October 31