



San Francisco Industrial Claims Association Class Enrollment Form

You can use this form to register in advance for one or more ICA classes including the QME and Workers' compensation seminars.

Check the ICA website at <http://sfica.tripod.com> for a list of classes currently available.

Last name:	First name:	
Organization/Company:	Occupation/Specialty:	
Telephone:	E-mail:	
Mailing Address:		
City:	State:	Zip:

Course Title	Starting Date	Fee

Amount Enclosed \$_____.

Please make checks payable to **Industrial Claims Association of San Francisco.**

Full payment must accompany your registration in order to insure a place. We do not mail confirmations. For more information call 510-893-4111x250 or visit our ICA website at <http://sfica.tripod.com>.

Please mail your completed enrollment form and check to:

Industrial Claims Association of San Francisco
Class Enrollment
1517 North Point #486
San Francisco, CA 94123

Signature _____ Date _____