



# Managing the Cost of Corporate Risk Through Captive Insurance Solutions

## Order Form

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### Quantity:

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Enclosed is my check made payable to SIEF in US funds in the amount of \$ \_\_\_\_\_.

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Credit Card Number \_\_\_\_\_

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

Billing Address \_\_\_\_\_

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

VAL Code (MC, Visa, Discover-last 3 digits on back of card; AMEX 4 digits on card front) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CANCELLATIONS: All orders are non-refundable**

*Please return completed form with payment to:*

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or via fax (864) 962-2483