



## Old Republic Title 2017 Spring Agents' Seminar

**DATE:** Thursday, May 04, 2017

**AGENDA:**

8:30 am	Registration for AM Session	1:00 pm	Registration for PM Session
9:00 am	Seminar	1:15 pm	Seminar
12:15 pm	Free Lunch	4:30 pm	Adjournment

**CREDITS FOR AM SESSION:** Three (3) CE and CLE credits for PA land title insurance agents/attorneys and three (3) CE for NJ agents (all credits pending).

**CREDITS FOR PM SESSION:** Three (3) CE and CLE credits for PA land title insurance agents/attorneys and three (3) CE for NJ agents (all credits pending).

**WHERE:** Crowne Plaza Hotel  
260 Mall Blvd., King of Prussia, PA 19406 610-265-7500 [www.cpvalleyforge.com](http://www.cpvalleyforge.com)

**FEE FOR EACH SESSION:** Including all materials and lunch  
FREE No credits \$25 with PA CLE credits  
\$25 with PA/NJ CE credits \$50 with PA CE and CLE credits

**REGISTER:**

[Click here](#) to register online OR Fax the below to the PLTI at 610-265-5998

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**Registration Form: Old Republic Title – May 04, 2017 – King of Prussia, PA**

- Choose:**  I will be attending lunch  I will not be attending lunch
- No Credits AM Session – FREE  with PA/NJ CE Credits AM Session - \$25  
 No Credits PM Session – FREE  with PA/NJ CE Credits PM Session - \$25
- with PA CLE Credits AM Session - \$25  with PA CE & CLE Credits AM Session - \$50  
 with PA CLE Credits PM Session - \$25  with PA CE & CLE Credits PM Session - \$50
- Non-Agent Fee - \$150 (in addition to credit fees)

Name: \_\_\_\_\_

Company \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ License #: \_\_\_\_\_ Attorney ID#: \_\_\_\_\_

**PAYMENT PROCESSING**

**Total Payment Due:** \$ \_\_\_\_\_

- My check is enclosed payable to **PLTI** and mail your check to PLTI, 1010 W. 8<sup>th</sup> Avenue, Suite H, King of Prussia, PA 19406  
 I would like to pay by credit card, type of card \_\_\_\_\_

Card# \_\_\_\_\_, exp. \_\_\_\_\_ CVV# \_\_\_\_\_

Printed name of card holder \_\_\_\_\_

Signature of card holder \_\_\_\_\_

(name/address on registration form must match the cardholder's name and address)