



1712 Magnavox Way P.O. Box 2338
 Fort Wayne, Indiana 46801
 ph (855) 742-3135
 www.studentinsurance-kk.com
 email: info@studentinsurance-kk.com
 CA License #0334819

WEB ENROLLMENT FLYER REQUEST FORM



Name of District: _____

IMPORTANT FOR SUPPLIES: An initial supply of web enrollment flyers will be shipped to the district office or one central location.

Supplies

Web Only Enrollment

Shipping

Ship flyers to: District Office

Address: _____
Must be street address, not a PO box number.

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Date flyers needed: _____

Do you want your flyers separated by campus?

No Please indicate quantity of flyers needed: _____

Yes Please indicate quantity of flyers below.

Do you want a pdf file of the brochure emailed to you to post on your school website?

Yes Please provide email address: _____

No

Campus Locations Please provide a list of campus locations so all locations will be listed on the website for online enrollment. You may attach a listing of all campuses or fill in below. If flyers are to be separated by campus, indicate number of flyers needed next to each campus location.

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers

Campus Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Attention: _____ Title: _____

Number of Flyers