



**Hosted by**

**When**

**Where**

**Class**

**Instructor(s)**

## Registration

Name on TREC license

TREC license #

Primary phone

Email address

### Courses & fees

Members

Non-members

### CE credit

If seeking CE credit, please bring your real estate license and a valid photo I.D.

### Special services

If you require special accommodations to participate, please let us know at least three days prior to the course and attach a written description of your needs.

### Refund/cancellation policy

### Deadline

Register by \_\_\_\_\_ After deadline, add \_\_\_\_\_

### Method of payment

Name on card 3-digit CSC

Billing address ZIP

Credit card number Expiration date

Signature

**To register**

 **TEXAS REALTORS® UNIVERSITY**  
TEXAS ASSOCIATION OF REALTORS®

Provider #0001

800-873-9155 • [education@texasrealtors.com](mailto:education@texasrealtors.com)