



**Hosted by**

**When**

**Where**

**Class**

**Instructor(s)**

## Registration

*Texas Association of REALTORS®, Inc.  
Provider No. 0001*

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Name on TREC license

TREC license #

Primary phone

Email address

**CE credit**

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

**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**

### Registration fees

#### Deadline

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

#### Method of payment

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Name on card 3-digit CSC

Billing address ZIP

Credit card number Expiration date

Signature

### To register



TEXAS ASSOCIATION OF REALTORS®

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