**Hosted by**

**When**

**Where**

**Class**

**Instructor(s)**

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# Registration

Name on TREC license

TREC license # Primary phone

Email address

**Courses & fees** **Members** **Non-members**

**Deadline**

Register by _____ After deadline, add _____

**Method of payment**

Name on card 3-digit CSC

Billing address ZIP

Credit card number Expiration date

Signature

**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**

## To register


TEXAS REALTORS® UNIVERSITY
TEXAS ASSOCIATION OF REALTORS®

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12.09.15