

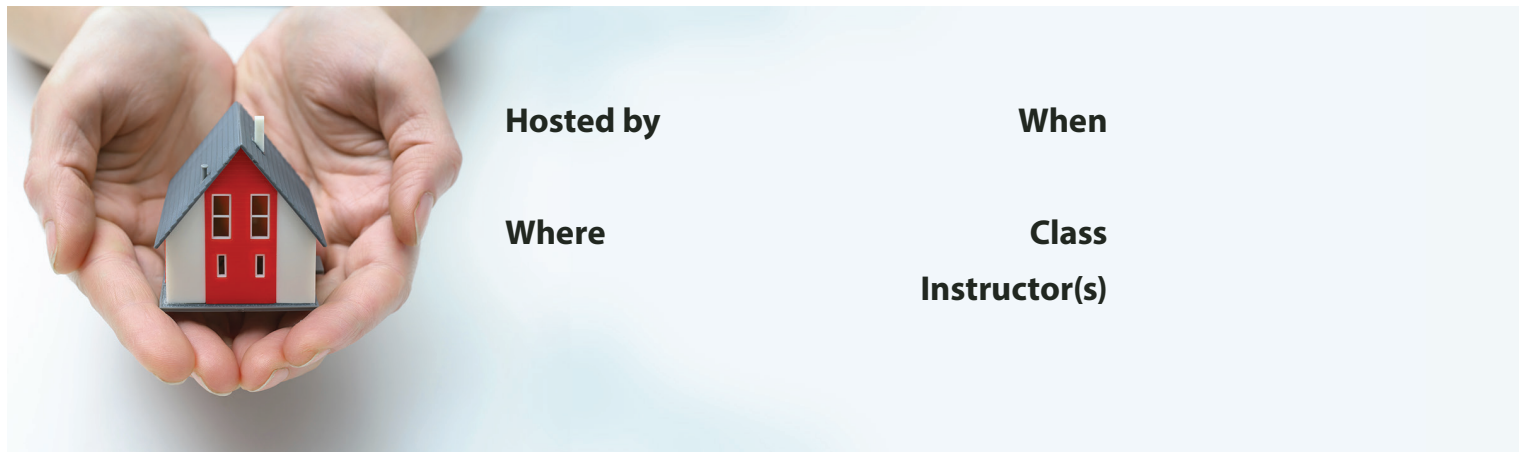


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**Hosted by**

**When**

**Where**

**Class  
Instructor(s)**

## Registration

\_\_\_\_\_  
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 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

### 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

**To register**



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