



**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**

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

Provider #0001

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