

## Academy of Real Estate Continuing Education Registration Form

	nstructions: Print cademy of Real Est									
☐ Mr. ☐ Miss ☐ Ms ☐ Mrs.	Name (as it appear	rs on your lice	ense)	First:	MI:	Last:				
Company: Phone:							: ) -			
Billing Address:						,				
City: State:			Zip <sup>/</sup>	Zip Code: E-Mail Address:						
MD Registration Number: DC Registra			ation N	Number:		VA License Number: PL □ CE □				
CLASS REGISTRATION										
Please list the class(es) you will be attending. (Class Fee: \$30 for 3-hour class; \$15 for 1.5 hour class; Walk-in fee: \$10; Additional certificate Fee: \$10 (\$30 class fee for MD + \$10 for DC and/or VA)  Class Title  Date  Location						Class Fee	Walk-in Fee	Additional Certificate(s)	Sub-Total	
TOTAL \$ Please make checks payable to Academy of Real Estate, LLC								. \$		
PAYMENT METHOD										
Select One:  Mastercard VISA Discover				dit Card Nun	nber:			Expiration	Date:	
☐ Check (#: )										
Authorization Signature:						Date:				