

Complete form and fax to 404.236.7139, or mail completed form along with check to:
Metro Brokers Academy, 5775-D Glenridge Drive, 2nd Floor, Atlanta, GA 30328



Continuing Education Enrollment Application

Phone: 404-836-4040

Fax: 404-236-7139

Enrollment Date: _____

Course Name: _____ Accredited Buyer Representative _____

Course Date: _____

Tuition Amount: **\$199**

(Please Type or Print Clearly)

Student Name: _____
(Last) (First) (Middle Initial)

Broker Affiliation: _____

Social Security #: _____ R.E. Salespersons License #: _____

Address: _____

City: _____ State _____ Zip _____

Phone: (Wk) _____ (Hm) _____ (Cell) _____

Email: _____

PAYMENT INFORMATION (A copy of this form shall serve as receipt for payment)

Total Amount Paid: _____

Check # _____

MC or VISA (circle one) # ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Exp: _____ / _____ 3-Digit Security Code: _____

Authorized Signature (Required): _____ Date: _____

Cancellation requires 2-day notice. No refunds for no-shows. You must attend the course in its entirety to obtain CE credit.