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:	
Tuk. 101 200 7107	Line milent Bate.	
Course Name:Foreclosu	re REO Specialist	
Course Date:		
Tuition Amount: \$149		
	(Please Type or Print Clearly	<i>y</i>)
Student Name:	(First)	(Middle Initial)
Broker Affiliation:	(113)	(aut mill)
Social Security #:	R.E. Salespersons License #:	
Address:		
City:	State	Zip
Phone: (Wk)	(Hm)	(Cell)
Email:		
PAYMENT INFORMATI	ION (A copy of this form shall se	rve as receipt for payment)
Total Amount Paid:		
Check #		
MC or VISA (circle one) #		
Exp:/	3-Digit Security Code: _	
Authorized Signature (Requi	ired):	Date:

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