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

| metrobrokers ACADEMY The School for Real Estate | Continuing Education Enrollment Application | |
|--|--|-------------------------------------|
| Phone: 404-836-4040 Fax: 404-236-7139 Er | nrollment Date: | |
| Course Name:Senior Real Estate Specialist Course Date: Tuition Amount: <u>\$249</u> | | |
| (Please Type or Print Clearly) | | |
| Student Name:Broker Affiliation: | (First) | (Middle Initial) |
| 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-show | s. You must attend the course in | n its entirety to obtain CE credit. |