

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: Seller Representative Specialist

Course Date: \_\_\_\_\_

Tuition Amount: \$199

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(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: \_\_\_\_\_

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### 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.