

Registration Made easy in 5 easy steps.

For fastest action, enroll online at www.REALTORSRealEstateSchool.com

Check here if this is a transfer.

1. Choose Your Course

Class Name: _____
Date: _____ Location: _____
Cost: \$ _____

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Date: _____ Location: _____
Cost: \$ _____

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Date: _____ Location: _____
Cost: \$ _____

Class Name: _____
Date: _____ Location: _____
Cost: \$ _____

Class Name: _____
Date: _____ Location: _____
Cost: \$ _____

2. Give Us Your Information

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____

E-Mail: _____

Fax: _____

Social Security: _____

Real Estate License #: _____

5. Read & Acknowledge

REFUND/ATTENDANCE POLICY - NO EXCEPTIONS

- If you cancel your class a minimum of five (5) days prior to the start of a course you will receive a refund of your tuition less a 25% cancellation fee. **ALL CANCELLATIONS MUST BE IN WRITING** via fax to (312) 506-1831 or e-mail to central@chicagorealtor.com.
- If you cancel your class less than five (5) days prior to the start of a course no refund is applicable. If you are a NO Show for a class, no refund is applicable. No refunds are applicable once a class has begun. In each of these instances students may transfer to another course any time within 6 months of the original course date by paying a \$25 Transfer Fee. After six months students forfeit their tuition. No cash refunds.
- No refunds are applicable on study aids, books, audio/video cassettes, CD's, software programs or Internet/Online Courses unless defective.
- Self-Study programs returned in saleable condition within 30 days of receipt will be refunded the tuition less a 25% cancellation fee.
- We reserve the right to cancel or reschedule any course or individual class session(s), at any time, for any reason. If we cancel an entire course, students will receive a full refund of their tuition or have the option of transferring to another course any time within six months of the original class date. After six months students forfeit their tuition. We will notify students as early as possible as to any course cancellations.
- We reserve the right to cancel any individual class session(s), at any time for any reason. Students will be notified of an alternate make-up session. Students who can not attend the make-up session will have the option of transferring to another class (full repeat required) or Self-Study or online course within 6 months of the original course start date...no refunds and no additional fees will apply. We will notify students as early as possible as to any class session changes.
- A \$25 transfer fee will be charged to transfer from one class to another at any time for any reason. **One transfer is allowed.**
- **For CE classes:** Once class has begun late students may enter the class but will not be permitted to take the CE exam or receive CE credit for the class per IDFPR. They may transfer to a self-study course. **For all other classes earning credit:** Students must complete the required contact hours to receive credit. Please contact an RRES Education Member for exact rules and policies.

3. How Did You Hear of Us?

- | | |
|--|---|
| <input type="checkbox"/> Radio | <input type="checkbox"/> Family Friend |
| <input type="checkbox"/> Postcard | <input type="checkbox"/> C.A.R. Magazine |
| <input type="checkbox"/> C.A.R. E-Mail | <input type="checkbox"/> Chicago Agent Magazine |
| <input type="checkbox"/> C.A.R. Flyer | <input type="checkbox"/> Search Engine |
| <input type="checkbox"/> Called C.A.R. | <input type="checkbox"/> Referred by a former student |
| <input type="checkbox"/> Direct Mail Piece | <input type="checkbox"/> You are a former student |
| <input type="checkbox"/> Broker | <input type="checkbox"/> Other, not listed |
| <input type="checkbox"/> Co-worker | _____ |

4. Payment Method

Select a Credit Card:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |
|--|--|--|--|

Card #: _____

Expiration Date (mmyy): _____

Cardholder Signature: _____

Complete this application and fax it with your credit card payment to (312) 506-1831 or register in person at our office at 430 North Michigan Ave., Suite 800, Chicago, IL 60611. You will receive an email or fax confirmation acknowledging your registration within 2 working days. All registrations are confirmed on a first come, first served basis. The information you provide below will be used to prepare your official state transcript or certificate of completion. Disclosure of Social Security Number is mandatory pursuant to Illinois State's child support enforcement program (42 U.S.C. 666(a)(13); 5 ILCS 100/10-65 (c and, Section 1455.430 of Illinois License Law, CE Reporting, a) 1) A) Illinois Administrative Code. Please print clearly.

Today's Date: _____

Initial Here: _____