



## 75HR SALESPERSON PRE-LICENSING COURSE

### Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

**CLASS IS LIMITED**  
**DON'T BE DISAPPOINTED!**  
**RESERVE A SEAT NOW**

Qualifications

18 Years of Age

Must Have A High School Diploma OR GED

**CRIMINAL HISTORY CHECK WILL BE**

**DONE BEFORE REAL ESTATE LICENSE IS ISSUED**

### **COURSE SELECTION (SELECT ONE)**

*Complete in 2 1/12 Weeks*

**Week Day Schedule \$599.00**

Mon-Thur. (9am-3:30 pm)

*Complete in 5 Weeks*

**Evening Course \$499.00**

Mon-Thurs (6pm-10pm)

*Complete in 5 Weeks*

**Sat & Sun Classes \$499.00**

Sat-Sun (9am-4:30pm)

**Location: 1504 E St. Georges Ave, 1<sup>st</sup> Floor, Linden, NJ 07036**

***Dress Code: BUSINESS CASUAL***

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Payment Information

Tuition: \$ \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

Method of Payment:  CASH  Money Order  CHARGE (+\$15.00 Processing Fee)

*Make Money Orders payable to: University of Real Estate & Business Education*

Email: \_\_\_\_\_

Fax#: \_\_\_\_\_

For Charge Transaction	Amount: \$ _____	+ \$15.00 = \$ _____
Name on Credit Card: _____	Tuition	Processing Fee
Card# _____	Expiration Date ____/____	
Security Code _____	Billing Zip Code _____	
Signature _____	Date _____	

I authorize my card to be charged for the amount highlighted above. If I elect to sign this form electronically, I authorize my printed name above to serve as my legal signature.

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By Signing below I acknowledge and accept the terms that the registration fee is nonrefundable. I understand registration is not complete until payment has been made. I agree to adhere to all class rules and etiquette standards, both explicit and implied. Licensing is contingent upon passing a state administered exam.

\_\_\_\_\_  
Signature (Type name if electing to sign electronically.)

\_\_\_\_\_  
Date

<b>FOR OFFICE USE</b>	Start Date: _____	Completion Date: _____
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