



The Georgia School of Real Estate Registration Form

Name as it will/does appear on your Real Estate License:

Jane L. Doe

License No. 123456

Name you go by: Jane

Mailing Address: 123 Main Street

City: Savannah State: GA Zip: 31401

Office: 912-123-4567 Home: 912-234-567 Cellular: 912-345-6789

E-mail: Jane@myemail.com Fax: 912-111-2222

Social Security #: 123-56-7890 Date of Birth: 01-02-1950

Course Registering for: The Short Sale Foundation

Course Date: 1-1-00 Course Price: \$25 Course Hours: 3 hrs

How Did You Pay For This Course: Credit Card/ Debit Card/ Check

If you are paying with a check that you are mailing in, be aware that your seat is not reserved until this form and payment is received. No refunds within 7 days prior to the class start date. Class start date is subject to change. See website for the most up-to-date details. www.TheGeorgiaSchoolOfRealEstate/Course_Schedules.html

**ONCE THIS FORM IS COMPLETED, FAX, EMAIL
OR MAIL THIS FORM TO:**

The Georgia School of Real Estate, P.O. Box 30012, Savannah, GA 31410

Office: (912) 335-5847 Fax: (912) 335-5850

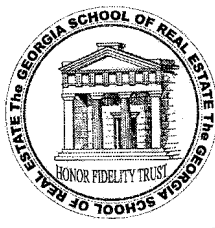
E-mail: Info@GeorgiaSchoolOfRealEstate.com

How did you hear about The Georgia School of Real Estate? Flyer

The Course is made available to all qualified applicants, and the School will not discriminate on the basis of age, race, color, creed, religion, sex, handicap or national origin. If you have any special needs please contact the school administrator. By signing below, I acknowledge that I have read and understand the Notice to Students that corresponds with this course.

Signature: Jane Doe

Date: 1-1-00



The Georgia School of Real Estate Registration Form

Name as it will/does appear on your Real Estate License:

License No. _____

Name you go by: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office: _____ Home: _____ Cellular: _____

E-mail: _____ Fax: _____

Social Security #: _____ Date of Birth: _____

Course Registering for: _____

Course Date: _____ Course Price: _____ Course Hours: _____

How Did You Pay For This Course: ___ Credit Card/ ___ Debit Card/ Check ___

If you are paying with a check that you are mailing in, be aware that your seat is not reserved until this form and payment is received. No refunds within 7 days prior to the class start date. Class start date is subject to change. See website for the most up-to-date details. www.TheGeorgiaSchoolOfRealEstate/Course_Schedules.html

**ONCE THIS FORM IS COMPLETED, FAX, EMAIL
OR MAIL THIS FORM TO:**

The Georgia School of Real Estate, P.O. Box 30012, Savannah, GA 31410

Office: (912) 335-5847 Fax: (912) 335-5850

E-mail: Info@GeorgiaSchoolOfRealEstate.com

How did you hear about The Georgia School of Real Estate? _____

The Course is made available to all qualified applicants, and the School will not discriminate on the basis of age, race, color, creed, religion, sex, handicap or national origin. If you have any special needs please contact the school administrator. By signing below, I acknowledge that I have read and understand the Notice to Students that corresponds with this course.

Signature: _____ Date: _____