

**REGISTRATION FOR CONTINUING EDUCATION CLASSES**

**Saturday, September 7, 2019**

*Check the box of the class to register*

			<u><b>COST</b></u>
<input type="checkbox"/>	7:00 a.m. – 10:00 a.m.	Maryland Agency – 3 hrs	Mandatory \$10.00
<input type="checkbox"/>	10:00 a.m. – 11:30 a.m.	Informing Buyers to be Cautious – 1.5 hrs	Elective \$ 5.00
<input type="checkbox"/>	12:00 Noon – 1:30 p.m.	Looking out for Sellers’ Interest – 1.5 hrs	Elective \$ 5.00
<input type="checkbox"/>	1:30 p.m. – 4:30 p.m.	Maryland Ethics – 3 hrs	Mandatory \$10.00
			TOTAL: _____

**Sunday, September 8, 2019**

*Check the box of the class to register*

			<u><b>COST</b></u>
<input type="checkbox"/>	7:00 a.m. – 8:30 a.m.	Contract Update – 1.5 hrs	Elective \$ 5.00
<input type="checkbox"/>	8:30 a.m. – 11:30 a.m.	Maryland Legislative – 3 hrs	Mandatory \$10.00
<input type="checkbox"/>	12:00 Noon – 1:30 p.m.	Maryland Fair Housing – 1.5 hrs	Mandatory \$ 5.00
			TOTAL: _____

***SPACE IS LIMITED TO 40***  
***Payment is due to confirm registration.***  
***You will not be registered for the class unless payment is made.***

**PLEASE FILL OUT FORM AND COMPLETE CREDIT CARD AUTHORIZATION**

**Email registration form to: [Doreen@FairfaxRealty.com](mailto:Doreen@FairfaxRealty.com)**

**CLASS LOCATION ADDRESS**

**FAIRFAX REALTY – 10770 Columbia Pike, Suite 250, Silver Spring, MD**

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**CREDIT CARD AUTHORIZATION FORM**

MD License Number: \_\_\_\_\_ Company Name: \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Total Amount Due: \_\_\_\_\_

Agent Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Card:    Visa     MasterCard     American Express     (Please check)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Security Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_