

## Live Online Instructor Led CE Classes via Zoom

<u>MANDATORY and ELECTIVE CLASSES</u>	<u>Dates</u>	<u>Day</u>	<u>Time</u>	<u>Cost</u>
<i>Check the box of the class to register</i>				
<input type="checkbox"/> Brokerage Relationship & Disclosure – 3 hrs	04/15	Sat	9:00 a.m. – 12:00 noon	\$25.00
<input type="checkbox"/> Maryland Fair Housing – 1.5 hrs	04/15	Sat	1:00 p.m. – 2:30 p.m.	\$12.50
<input type="checkbox"/> Maryland Ethics – 3 hrs	04/15	Sat	2:30 p.m. – 5:30 p.m.	\$25.00
<input type="checkbox"/> Maryland Supervision (elective) – 3 hrs	04/22	Sat	9:00 a.m. – 12:00 noon	\$25.00
<input type="checkbox"/> Maryland Legislative – 3 hrs	04/22	Sat	1:00 p.m. – 4:00 p.m.	\$25.00
<input type="checkbox"/> Contract Update (elective) – 1.5 hrs	04/22	Sat	4:00 p.m. – 5:30 p.m.	\$12.50

**15 Hours required to renew license.**

**Credit Card** - 4% processing fee on the total  
**CashApp** – \$ReedTrainingCenter1  
**Zelle** – Georgetown SANA, LLC  
**Check** – Mail to office address:  
 See Below

**Email registration form: [ReedTrainingCenter@gmail.com](mailto:ReedTrainingCenter@gmail.com)**

### 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     Discover

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

Expiration Date:

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

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

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