

**Live Online Instructor Led CE Classes via Zoom**

<b><u>MANDATORY and ELECTIVE CLASSES</u></b>	<b><u>Dates</u></b>	<b><u>Day</u></b>	<b><u>Time</u></b>	<b><u>Cost</u></b>
<i>Check the box of the class to register</i>				
<input type="checkbox"/> Brokerage Relationship & Disclosure – 3hrs	03/11	Mon	8:00 a.m. – 11:00 a.m.	\$32.00
<input type="checkbox"/> Maryland Fair Housing – 1.5hrs	03/11	Mon	12:30 p.m. – 2:00 p.m.	\$16.00
<input type="checkbox"/> Maryland Legislative – 3hrs	03/12	Tue	11:00 a.m. – 2:00 p.m.	\$32.00
<input type="checkbox"/> Contracts and Disclosures – 3hrs (elective)	03/13	Wed	8:00 a.m. – 11:00 a.m.	\$32.00
<input type="checkbox"/> Contract Update – 1.5hrs (elective)	03/13	Wed	12:30 p.m. – 2:00 p.m.	\$16.00
<input type="checkbox"/> Maryland Ethics – 3hrs	03/13	Wed	2:00 p.m. – 5:00 p.m.	\$32.00

**15 Hours required to renew license.**

**Zelle** – 202-262-0070 – Reed Training Center - Georgetown SANA, LLC  
**Cashapp** – 240-293-6393 – \$ReedTrainingCenter1  
**Credit Card** - 4% processing fee on the total  
**Check** – Mail 7 days before class starts to office address

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

**AGENT REGISTRATION INFORMATION**

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

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

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

**CREDIT CARD AUTHORIZATION**

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: \_\_\_\_\_