

## CE Classes - Live Online Instructor 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"/> Maryland Supervision – 3 hrs	10/18	Fri	9:00 a.m. – 12:00 a.m.	\$30.00
<input type="checkbox"/> Maryland Ethics – 3 hrs	10/19	Sat	8:00 a.m. – 11:00 a.m.	\$30.00
<input type="checkbox"/> Maryland Fair Housing – 1.5 hrs	10/19	Sat	11:00 a.m. – 12:30 p.m.	\$15.00
<input type="checkbox"/> Brokerage Relationship & Disclosure – 3 hrs	10/19	Sat	1:00 p.m. – 4:00 p.m.	\$30.00
<input type="checkbox"/> Maryland Legislative – 3 hrs	10/20	Sun	8:00 a.m. – 11:00 a.m.	\$30.00
<input type="checkbox"/> Negotiation – Sellers/Buyers – 3 hrs	10/20	Sun	11:30 a.m. – 2:30 p.m.	\$30.00
<input type="checkbox"/> Contract Update – 1 ½ hours	10/20	Sun	2:30 p.m. – 4:00 p.m.	\$15.00

**15 Hours required to renew license.**

**Zelle** – ReedTrainingCenter@gmail.com - Georgetown SANA, LLC  
**CashApp** – \$ReedTrainingCenter1  
**Credit Card** - 4% processing fee on the total

**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: \_\_\_\_\_