

BROOKLYN SCHOOL OF REAL ESTATE

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30-HR REMEDIAL SALESPERSON COURSE ENROLLMENT FORM

DATE _____ 20__

Personal information

FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ MOBILE PHONE _____

WORK PHONE _____ FAX _____

E-MAIL ADDRESS _____

START DATE _____ 20__

COMPLETION DATE _____ 20__

THE COURSE HAS TO BE COMPLETED WITHIN FOUR MONTH FROM THE START DATE. AFTER FOUR MONTH EXTRA CHARGE WILL BE APPLIED.

CREDIT CARD INFORMATION

CREDIT CARD HOLDER NAME _____

CARD TYPE _____ (VISA OR MASTERCARD)

SECURITY CODE NUMBER _____ (LAST 3 DIGIT ON THE BACK OF YOUR CREDIT CARD)

CARD NUMBER _____ EXP. DATE _____

AMOUNT TO BE CHARGED: _____

SIGNATURE _____

HOW DID YOU HEAR ABOUT US?

BROKER REFERRAL NAME _____ PHONE _____

NEWSPAPER _____ YELLOW PAGES _____ WEBSITE _____ FRIEND _____