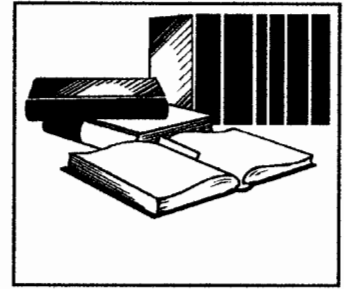


Registration Agreement



Wilson Educational Group
 859-734-3174 ♦ 800-248-6815
 FAX: 859-734-2002
wilsonedgroup.com

Name _____ / _____ / _____ / _____
 (First) (Middle) (Last) (Preference)
 (List Name as it appears on the Certificate or License)

SSI _____ - _____ - _____

Street Address _____ (H) _____ (O) _____

City _____ County _____ State _____ Zip _____

Phone (H) _____ - _____ - _____ (W) _____ - _____ - _____ (F) _____ - _____ - _____

E-mail: _____

Curriculum: Sales _____ Appraisal _____ Both _____ Other _____

Student Status: Qualifying Education _____ Continuing Education _____ Both _____ Other _____

_____ **Appraisal** _____

_____ **Sales** _____

Professional Status: Associate _____ Licensed _____ Residential Cert. _____ General Cert. _____ Broker _____ Sales Assoc. _____

Course Information:

Course #	Course Dates	Fee
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

License # _____

State License _____

Have you received a copy of the AQB Student Tracking Manual?

Yes _____ Date Received _____

No _____

Payment Information:

Cash _____ Check (#) _____ V _____ MC _____ Other _____

Card No. _____ / _____ / _____ / _____

Billing Address _____

Name on Card _____

Expiration Date _____

Signature _____

Classes may be cancelled if there is not sufficient enrollment at a listed location. All student cancellations not made at least 7 days prior to the class beginning will be subject to a 20% cancellation fee. No refund will be given for cancellations received within 24 hours of the beginning of the scheduled class. Registrations at the door will be subject to a 20% late fee.

I agree, in compliance with the laws and administrative regulations of the Commonwealth of Kentucky, to attend the entire sessions as scheduled in order to receive credit from an agency of the Commonwealth. Make up classes may be offered at a time and location to be specified at a future date. I further have read, do understand, and agree to abide by the policies outlined here.

Signature of the Student _____

Wilson Educational Group _____

Date _____

Date _____