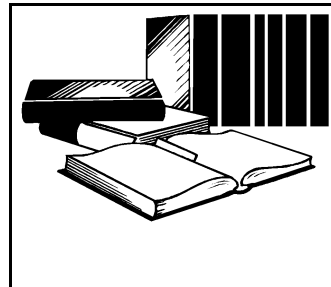


Registration Agreement



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

SSN _____ - _____ - _____

Mailing Address _____ (H) (O) _____

City _____ County _____ State _____ Zip _____

Phone (H) _____ (W) _____ (C) _____ (F) _____

E-mail: _____

Wilson Educational Group

533 Legion Drive
 Harrodsburg, KY 40330

859-734-3174 ♦ 800-248-6815
 FAX: 859-734-2002

www.wilsonedgroup.com

~~~~~  
**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. \_\_

License # \_\_\_\_\_

License # \_\_\_\_\_

**Course Information:**

| Course # | Course Dates | Fee      |
|----------|--------------|----------|
| _____    | _____        | \$ _____ |
| _____    | _____        | \$ _____ |
| _____    | _____        | \$ _____ |
| _____    | _____        | \$ _____ |
| _____    | _____        | \$ _____ |
| _____    | _____        | \$ _____ |
| _____    | _____        | \$ _____ |

**Payment Information:**

Cash \_\_ Check (#) \_\_\_\_\_ V \_\_ MC \_\_ Other \_\_

Card No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3 Digit CVS No. \_\_\_\_\_

Billing Address \_\_\_\_\_  
 \_\_\_\_\_

Name on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_

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