



## REGISTRATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

Real Estate License # \_\_\_\_\_ State \_\_\_\_\_

COURSE NAME: \_\_\_\_\_

COURSE DATE AND TIME: \_\_\_\_\_

COURSE COST: \_\_\_\_\_

*Registration Policy: In order to determine adequacy of materials and space, advance registration is necessary. Registration is not considered complete unless payment in full is received 48 hours prior to class start time.*

*Attendance Policy: In order to receive credit, students must attend the entire course. Students who arrive late, leave early, or take extended breaks will not receive a Certificate of Completion. Breaks are included and are monitored.*

*School Cancellation: The provider reserves the right to cancel or postpone classes due to low registration or other emergencies. You will be offered a full refund or transfer.*

*Student Cancellation: If you wish to cancel, notification must be made IN WRITING 48 hours prior to class start date. NO REFUNDS are given, but you may transfer to a different class, provided space is available. No refunds are given for no shows, or late arrivals, or for cancellations within 48 hours of class start date.*

I acknowledge I have read these policies and procedures and agree to abide by them.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Payment: \_\_\_\_\_ check enclosed, made payable to PRAR  
\_\_\_\_\_ charge my credit card (add 3% processing fee)  
Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Card # \_\_\_\_\_ exp date \_\_\_\_\_

3-digit code: \_\_\_\_\_ Credit Card billing zip code \_\_\_\_\_

Email to: [memberservices@prar.com](mailto:memberservices@prar.com) Office phone: 803-329-2030  
Fax: 803-329-0405