

NFCAR REAL ESTATE SCHOOL

15 Stony Hill Road, Bethel, CT 06801

Tel: (203) 744-7255 Fax: (203) 792-9962 www.nfcар.com

Principles & Practices of Real Estate

- Where:** The Northern Fairfield County Association of REALTORS®, Inc. Board office;
15 Stony Hill Rd, Bethel, CT 06801
- When:** Classes will be held on **Mondays & Wednesdays** from **6:00 PM – 9:00 PM** for approximately eleven (11) weeks, for a total of twenty two (22) sessions.
→ **PLEASE NOTE: There will NOT be class on: 5/26**
- Instructor:** Richard Gumpert
- Registration:** This course is a continuous Start Program, start your training on any Monday evening. Pre-registration is required. **Walk In Registrations will NOT be accepted.** Seating is limited, minimum 15 people, maximum 30 people. No reservations held without full payment.
- Tuition:** **\$399.00; includes books** (Course: \$339; Books: \$60.00 – price subject to change))
- Text Books:** *Modern Real Estate Practice* 18th Edition (Books are distributed on the 1st night of class.)
CT Real Estate Law & Practice 12th Edition
- Cancellation & Refund Policy:** NFCAR reserves the right to cancel class if the minimum attendance is not met. Any Cancellation by a student will be subject to a processing fee of \$25.00. Cancellation requests must be received prior to a student's start date. Tuition is non-refundable after the student's assigned start date.
- Approvals:** This course meets the minimum requirements set forth by the Department of Consumer Protection, Real Estate Commission. Not approved for Appraisal Licensing purposes.

NFCAR Tel: (203) 744-7255

Registration Form

Fax: (203) 792-9962

Register me for the ***Principles & Practices*** course:

Starting on **Monday, April 14, 2014** & Ending on **Wednesday, June 30, 2014**

Registration by:

Mail – Completed registration form and check or signed Amex, Disc, MC/Visa authorization number to: NFCAR, 15 Stony Hill Rd, Bethel CT 06801. **Please make checks payable to: NFCAR**

Fax – Fax completed Registration Form (*Signed Credit Card Authorization Required*) to NFCAR at fax number (203) 792-9962.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone #: _____ Email: _____
Required *Required*

My check in the amount of \$ _____ is enclosed NFCAR is authorized to charge my credit card \$ _____

Check # _____; dated _____ Amex, Disc., MC/VISA _____

Exp. _____ Security Code: _____

Signature: _____

Note: A confirmation email will be sent once your registration is processed. Any changes will be advised by phone or email