

**Pre-registration cost:** $45

**Walk-in registration Cost:** $55

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (if you have a salespersons license, please print your name as it appears on your CT real estate license- this is necessary for reporting to PSI)

**Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Real Estate License Type & Number** (Required)**:** **꙱ Broker ꙱ Salespersons #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academy of Professional Education**

**Enriching Real Estate Careers**

157 W Main St, Suite #8, Niantic, CT 06357

**Appraisals: Fact or Fiction**

**Please submit completed registration form** (1 per registrant) **to:**

* **Email** to Shelita Petersen: [info@realestateedct.com](mailto:info@realestateedct.com)
* **Register on line** at [www.realestateedct.com](http://www.realestateedct.com)
* **Mail** to: Academy of Professional Education, 157 W Main St, Suite #8, Niantic, CT 06357

Your receipt/confirmation will be sent via email once the paperwork and payment is processed.

If you do not receive an email within 1 week of submitting your paperwork, please contact Shelita Petersen by phone at 860-235-9718.

**Payment Type:**

꙱ My check # for $ \_\_\_\_\_ payable to APE is enclosed. Check # \_\_\_\_\_ Name on check \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

꙱ Charge my credit card $ \_\_\_\_\_\_\_\_. Type of Card\* ꙱MC ꙱Visa ꙱Discover ꙱Am EX

Credit Card Number\*: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ 3 Digit Code\*: \_\_\_\_\_\_\_\_\_ Exp Date\*: \_\_\_\_\_\_\_\_\_

Credit Card Billing Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\*: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Signature required\*\***