

Registration Form

Name _____ Appraisal License # _____

Address _____ E-mail address _____

City, State, Zip _____

Phone (_____) _____ FAX (_____) _____

REGISTER ME FOR:

Name of class: _____

Date(s): _____

Location: _____

Cost: _____

PAYMENT

Total Fee: \$ _____

Check enclosed _____ Made payable to: **Appraiser Training**

OR Credit card: _____ VISA _____ Mastercard _____ Discover

Account number: _____ Expiration Date: _____

Name on card: _____ Signature: _____

Refunds will be given for classes canceled up to the scheduled date. \$25 cancellation fee if enrollment is not cancelled prior to 5 days before class. Used or marked materials will not be refunded. We will confirm that your registration form has been received.

MAIL TO:

Barry R. Cleverdon
203 Golden Hill Court
Roseville, CA 95661

OR FAX CREDIT CARD REGISTRATION TO:

(916) 783-9818

(Rev.6/2)