

BROOKLYN SCHOOL OF REAL ESTATE

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CONTINUING EDUCATION ENROLLMENT FORM

DATE _____ 20__

Personal information

FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ MOBILE PHONE _____

WORK PHONE _____ FAX _____

E-MAIL ADDRESS _____

REAL ESTATE BUSINESS NAME _____

R.E. BUSINESS ADDRESS _____

R.E. LICENSE NUMBER: _____ EXP. DATE _____

1) COURSE TITLE : _____ COMPLETION DATE _____ HRS. _____

2) COURSE TITLE : _____ COMPLETION DATE _____ HRS. _____

3) COURSE TITLE : _____ COMPLETION DATE _____ HRS. _____

4) COURSE TITLE : _____ COMPLETION DATE _____ HRS. _____

CREDIT CARD INFORMATION

CREDIT CARD HOLDER NAME _____

CARD TYPE _____ (VISA OR MASTERCARD)

SECURITY CODE NUMBER _____ (LAST 3 DIGIT ON THE BACK OF YOUR CREDIT CARD) ZIP CODE _____

CARD NUMBER _____ EXP. DATE _____

AMOUNT PAID \$ _____ BALANCE DUE \$ _____ DATE _____

SIGNATURE _____