

Registration Form

Registration: Please list your name as it is shown on your license

Name: _____
Address: _____
City: _____ State: _____
ZIP/Postal Code: _____ Phone: _____

Credit Card: Visa _____ MasterCard _____
Credit Card Number: _____
Date of Expiration _____
Name of cardholder _____
Signature _____
By signing above you agree to pay the charges incurred for this Appraisal course.

If paying by check, please be sure to include any additional fees.
payable to: **National Residential Appraisers Institute or (N.R.A.I.)**

Class, Location & Date:

Class: _____

Location: _____

Date: _____

Mail this completed form with your payment to:
National Residential Appraisers Institute
2001 Cooper Foster Park Road
Amherst, Ohio 44001
Phone: (440) 282-7925
Fax: (440) 282-7925
1-800-331-2732

In the unlikely event the course is canceled your money will be refunded 100%. One certificate is included with your course fee. If you need additional certificates, the cost is \$20.00 per certificate request. Please include any extra certificate fees with your registration payment. Thank you

Date: _____ Course Date: _____

Company associated with: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____

Real Estate File # _____ *Type of license: _____

Appraisal License # _____ *Type of license: _____

Please be sure your file/license numbers are correct before mailing the registration form to NRAI.

*Please specify type of license you have above; Real Estate: SAL, BRK etc.) or Appraiser: ALR, ARA, etc.

*Please check mark the reason for taking this course & total # certificates needed.
(1 is included with course fee
Any additional certs -\$20.00 ea)

Real Estate CE _____
Appraisal CE _____
Pre-Certification for Appraisal _____
Other _____
Total # _____
Certificates requested

Are you a member of N. R. A. I. Yes No If yes, please give us your membership number _____.

| Office use only | | | |
|---------------------|-----------------|---------------|----------------|
| Date received _____ | Amt. Paid _____ | Paid By _____ | Rec'd By _____ |