

REAL ESTATE SALESPERSON PRE-EXAMINATION/MREP REGISTRATION FORM

Complete, print and mail or fax this form to:

PROFESSIONAL SCHOOL OF REAL ESTATE

1601 Sunset Terrace, West Plains, MO 65775

Phone: (417) 255-1840 FAX: (417) 255-0834 Email: profschool@centurytel.net

Please enroll me in your real estate 48-hr. Salesperson Pre-Examination course and 24-hr. MO Real Estate Practice course 48-hr. Salesperson Pre-Examination course 48-hr. Broker Pre-Examination course 24-hr. MO Real Estate Practice Course in _____
(enter location of school) on (dates of classes)_____.

First Name _____ M. I. _____ Last Name _____ Suffix (Jr., Sr.) _____

Address _____

City, State & Zip Code _____

(Area Code) Phone # (Area Code) Fax #
(_____) _____ (_____) _____

E-mail Address: _____

Enclosed is my Check No. _____ Money Order No. _____ in the amount of \$_____ as the registration fee OR Charge my credit card as shown below for the registration fee the full tuition amount.

Credit Card Information (If same as above, complete only the Credit Card # & Expiration date)
NOTE: Unless you are paying by PayPal, we can accept ONLY MasterCard & Visa credit cards.

First Name _____ M. I. _____ Last Name _____ Suffix (Jr., Sr.) _____

Address _____

City, State & Zip Code _____

(Area Code) Phone # (Area Code) Fax #
(_____) _____ (_____) _____

E-mail Address: _____

Credit Card #: _____ Expiration: _____

NOTE: If faxing this form & paying by check or money order, books will NOT be sent until payment of the registration fee is received.