



Georgia Association of REALTORS®, Inc. School #0271  
 3200 Presidential Drive  
 Atlanta, GA 30340  
 Phone: 770-451-1831  
 Fax: 770-458-6992 E-Mail: myoung@garealtor.com

**CONTINUING EDUCATION REQUEST FORM**

*To schedule a course, fully complete this form and return via FAX or e-mail at least 30 days in advance.*

**SPONSOR Board/REALTOR® Broker's Office INFORMATION**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

REGISTRATION COORDINATOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

AFTER-OFFICE-HOURS CONTACT PHONE # — EVENING BEFORE & DAY OF CLASS: \_\_\_\_\_

(Please note whose phone # if not the Registration Coordinator's.)

EMAIL ADDRESS: \_\_\_\_\_

**REQUESTED COURSE INFORMATION (One request form per course.)**

COURSE CODE #: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_  
1<sup>st</sup> choice 2<sup>nd</sup> choice

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Class time should be 3.25 hours, with registration 30 minutes prior.

**FEES:** MEMBER \_\_\_\_\_ early bird \_\_\_\_\_ regular (please note if not day of course)

NON-MEMBER \_\_\_\_\_ early bird \_\_\_\_\_ regular (please note if not day of course)

Non-Member is Non-Georgia REALTOR® or Affiliate According to NRDS

**Please note if "Non-Member" means not a member of your board!** \_\_\_\_\_

**Post course on GAR registration website (circle) YES NO**

**GAR TO HANDLE REGISTRATIONS:** (check one)

YES for a charge of 3% of total fees collected. Member means GAR member.

NO

**Want Flyer Sent (circle) YES NO** If you do your own flyer, you must send to us for approval.

**LOCATION OF FACILITY FOR COURSE**

*If not handicapped accessible, must note on all advertising.*

FACILITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DIRECTIONS: \_\_\_\_\_

**GAR-CERTIFIED FACILITATOR**

*A GAR-Certified Facilitator is required to be on-site to oversee this program. All documentation for the program must be completed and certified by the Facilitator before submitting it to GAR.*

NAME of Facilitator who will be at class: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**I have read and understand the responsibilities between GAR and the Sponsor as described in the Partners in Education Course Catalog. I understand the course fee structure and agree to pay the required amount when the course is completed or the cancellation fee.**

\_\_\_\_\_  
 SPONSOR Signature (Association Executive/President or REALTOR® Broker/Office Manager)

\_\_\_\_\_  
 DATE