

GRI via Webinar
Graduate REALTOR® Institute



Registration Form

• PREREGISTRATION IS REQUIRED

- Fax to (626) 229-0789
- Classes begin at 9:00AM
- 100-101: two 3-hour courses offered together
- 102-104: two 3-hour courses offered together
- All other courses are 6 hours
- Cost is \$149.00 per day
- Cost is subject to change
- Courses are subject to cancellation or change
- Cancellation Policy: Cancellation must occur a minimum of 48 hours prior to start of class
- FOR MORE INFORMATION CALL (888) 785-4800 or visit www.eDesignations.com

	Date	Course	Description
<input type="checkbox"/>	Sep 27, 2018 Thursday	109	Residential Real Estate Finance
<input type="checkbox"/>	Oct 25, 2018 Thursday	110	Marketing, Financing and Managing Commercial Properties
<input type="checkbox"/>	Nov 30, 2018 Friday	111	Investment Property Analysis
<input type="checkbox"/>	Dec 20, 2018 Thursday	112	Environmental Concerns, Construction Overview and Land Use
<input type="checkbox"/>	Jan 31, 2019 Thursday	113	Real Property, Tax and Exchanging
<input type="checkbox"/>	Feb 28, 2019 Thursday	114	Essential Concepts of the C.A.R. Residential Purchase Agreement
<input type="checkbox"/>	Mar 28, 2019 Thursday	100-101	Agency Relationships, Duties and Disclosures - Ethics, Professional Conduct, and Legal Aspects
<input type="checkbox"/>	Apr 25, 2019 Thursday	102-104	Trust Fund Management - Fair Housing
<input type="checkbox"/>	May 30, 2019 Thursday	105	Legal Issues
<input type="checkbox"/>	Jun 27, 2019 Thursday	106	Money Making Strategies for Success
<input type="checkbox"/>	Jul 25, 2019 Thursday	107	Technology Applications in Real Estate
<input type="checkbox"/>	Register for entire series for \$1,625 and save \$163.00		

For course policies please visit: eDesignations.com/coursePolicies

Please check the courses above that you are enrolling in.

Please Print

Number of individual courses _____ X \$149.00 = _____ or

Pre-Pay \$1,625.00 for entire series and save \$163.00

Name: _____

Company: _____ Company Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone Number: () _____ Work: () _____ Fax: () _____

DRE Lic#: _____ NRDS#: _____

Billing Address: _____	City: _____	State: _____	Zip: _____
VISA M/C Diners Club	Card # _____	Exp Date: _____ / _____	
3 Digit 'V' Code (on back of card) _____	Signature: _____		