

Flexmls™ Computer Class Registration Form

Registration Fees:

Basic (mandatory for all new users AND company staff)\$35.00

Listing Input & Maintenance (also mandatory for staff)\$25.00

Basic (mandatory for all new users within 45 days)

(9:30 AM—12:30 PM)

- | | |
|--|---|
| <input type="checkbox"/> January 20, 2012 | <input type="checkbox"/> July 27, 2012 |
| <input type="checkbox"/> February 10, 2012 | <input type="checkbox"/> August 17, 2012 |
| <input type="checkbox"/> March 2, 2012 | <input type="checkbox"/> September 7, 2012 |
| <input type="checkbox"/> March 23, 2012 | <input type="checkbox"/> September 28, 2012 |
| <input type="checkbox"/> April 13, 2012 | <input type="checkbox"/> October 19, 2012 |
| <input type="checkbox"/> May 4, 2012 | <input type="checkbox"/> November 9, 2012 |
| <input type="checkbox"/> May 25, 2012 | <input type="checkbox"/> November 30, 2012 |
| <input type="checkbox"/> June 15, 2012 | <input type="checkbox"/> December 21, 2012 |
| <input type="checkbox"/> July 6, 2012 | |

Listing Input/Maintenance

(mandatory for company staff within 90 days)

(9:30 AM-12:30 PM)

- | |
|---|
| <input type="checkbox"/> March 5, 2012 |
| <input type="checkbox"/> June 4, 2012 |
| <input type="checkbox"/> September 10, 2012 |
| <input type="checkbox"/> December 3, 2012 |

ATTEND CLASS REMOTELY FOR YOUR CONVENIENCE!

Is your office located more than 100 miles away from Williamsburg?

*If so, you may arrange to attend the required Flexmls class
by telephone call, Web cast, or similar means.*

If interested please indicate here:

Cancellation & Payment Policies:

Registration fees will be fully refunded if cancellation is received in writing at least seven (7) days prior to the function. No refunds will be given for cancellation made within the seven (7) days prior to the class.

Signatures indicate acceptance of both the registration & cancellation policies.

*If payment is not received within 30 days of class, you will be assessed a charge of 2% of the class fee—plus \$25.

Name: _____

Company Name: _____

Phone #: _____ Fax #: _____

Signature: _____ Email: _____

Registration Fee Enclosed: _____ Cash _____ Check *Bill Me: _____

Pay by Credit Card: Visa MasterCard

Name on Card: _____

Authorized Signature: _____

Credit Card #: _____ Exp Date: _____

STAFF: _____ Yes _____ No (If staff, signature of Broker is required)

Broker Signature: _____