

VA Commonwealth Chapter 2019 – Education Registration Form 7/23/19

CANCELLATION POLICY

<u>Prelicensing and Gen Appr</u>: With written requests postmarked more than 14 days prior to course, funds will be granted less a \$30 cancellation fee. For written requests postmarked 7 to 13 days prior to event, refunds will be granted less a \$50 cancellation fee. Cancellations 7 days or less prior to the course and "no shows" the day of the event will forfeit payment. <u>Advanced</u>: For written requests postmarked 15 days or greater \$50; 7 to 14 days prior to event, refunds will be granted less a \$150 cancellation fee. Cancellations 7 days or less prior to the course and "no shows" the day of the event will forfeit payment.

REGISTRATION

Register Early!! Space is limited. Please complete the registration form and email to vccai.education@gmail.com with credit card information or return with your check made payable to VCCAI to Nancy Linton-Hall, VCCAI Executive Assistant, 122 W. Murphy St., Suite 3, NC 27025. Registration will not be confirmed until the chapter office receives both the registration form AND tuition payment. Registration forms received AFTER the early-bird deadline are subject to the regular fee

schedule regardless.			
CON	IPLETELY FILL IN THE INFORM	MATION BELOW (PRINT OR T	YPE).
	Affiliation Status: Please check	the appropriate category (ies)	
□ mai □ sra	☐ AI-GRS ☐ AI-RRS ☐ Practicing Affiliate ☐		
Please check the educational offerings	for which you are planning to atte increase by \$30-\$35 two and 1		ed is the early bird rate and are subject to
	nd bring with you to class (print **No download materials opti		vill be available on-site with this option e.
Fundamentals of Commercia Basic Appraisal Procedures,	09/30-10/3/19, (Al Price: \$4 rinciples & Applications, 11/6	raisers, 09/19/19, (Al Price 30/Full Price: \$430), Culpe -8/19, (Al Price: \$360/Full	
Company:			
Address: (Non PO Box for UPS)			
City:	State:	Zip:	
Telephone:	Fax:	E-mail:	
Account #/Date of Birth:			
State Appraisal License #:			
MC/VISA/AMEX/Discover Number:		Exp. Date:/	CCV: (Security #)
Card Holder's Name (Printed):			
Credit Card Billing Address:			
Card Holders Signature:		Total:	