



ILLINOIS REALTORS®

LICENSING &
TRAINING CENTER

Presented by:

Course Date:

Course #:

Course Time:

Course Description:

Course Location:

Instructor:

Make check payable to:

Submit registration to:

Email:

Phone:

REGISTRATION

Name: NRDS or
License #:

Business
Address:

City/State Zip:

Email: Phone:

If you require special accommodations due to a disability, please describe the accommodation(s) requested:

Payment type: ☐ Check Credit/Debit: ☐ Visa ☐ Mastercard ☐ Discover ☐ Amex

Account #: Expires: Security
Code:

Signature: