

# CLASS ENROLLMENT FORM

To register for a class, please complete this enrollment form and mail or fax it to:

TRANS-AMERICAN INSTITUTE OF PROFESSIONAL STUDIES, INC.  
P. O. Box 97  
KEARNEY, NE 68848-0097

**Fax: (308) 236-6717**  
**E-mail: AppraiserClasses@aol.com**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_ Home \_\_\_\_\_

Fax \_\_\_\_\_

E-mail (print carefully) \_\_\_\_\_

Level of Licensing \_\_\_\_\_ State \_\_\_\_\_

How did you receive notice of this course offering? email \_\_\_\_\_ mail \_\_\_\_\_ website \_\_\_\_\_ friend \_\_\_\_\_

Course Title \_\_\_\_\_

Course Location \_\_\_\_\_ Course Date \_\_\_\_\_

Course Fee \_\_\_\_\_

2012-13 USPAP Book \$75.00 \_\_\_\_\_ (if needed)

Total Amount Due \_\_\_\_\_ Please my charge credit card \_\_\_\_\_ Mailing Check \_\_\_\_\_

Authorization to charge credit card: \_\_\_\_\_  
*Authorized Signature*

Credit Card Type \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Please print carefully!

Payment must be received 1 week in advance to guarantee registration - Late Payment Fee is \$25.00 if less than one week in advance. Refunds will not be issued if notice is given less than 48 hours ahead of scheduled course offering.

Trans-American Institute of Professional Studies reserves the right to cancel any class that does not have sufficient enrollment. Early registration is highly recommended. A confirmation of enrollment will be issued if enrollment is received ten days prior to course offering. Please allow 72 hours for confirmation.

**Toll Free Phone Number: 1-866-430-4160**