

# QUALIFYING EDUCATION COURSE ENROLLMENT FORM

To register for a course, 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](mailto:AppraiserClasses@aol.com)

Physical Address: 13 West 30<sup>th</sup> Street, Kearney, Nebraska 68847

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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 \_\_\_\_\_

2018/19 USPAP Book – Must bring with you if taking the USPAP Course: Available at: [www.appraisalfoundation.org](http://www.appraisalfoundation.org)

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!

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. Please refer to the course catalog for our refund policy.

Phone: 1-308-237-4160