

REQUIRED FOR ALL MN LICENSEES

March 7, 2018 3.75 Credit Hours

Minnesota CE

ATTENTION MN LICENSEES

7/1/17 - 6/30/18 Salesperson & Broker Required Module
Agency, Fair Housing & Special Entities Authority

Course Description:

This is one 3.75-hour module course that both salespersons and brokers must complete. Completion of this course will satisfy ALL of the following:
1-Hour Fair Housing, 1-Hour Agency Law, and 1-Hour Broker Module Requirement. In other words, there will be no separate broker module course for 2017-2018.

Date: Wednesday, March 7, 2018

Schedule: **8:00 - 8:30** Registration, assortment of breads, fruit and coffee
8:30 - 12:15 Required Course

Place: Cedar Creek
Address: 2600 Cedar Creek Lane
Onalaska, WI 54650

Instructor: Chris Prescott—The Prescott Group

Cost: **\$54.00**

Cost includes MN CE (3.75 hours plus exam), Assortment of breads, fruit, and coffee.

\$10 late fee if registering after Wednesday, February 28th, 2018.
No refunds or cancellations after Wednesday, February 28th, 2018.

Please be on time. Class begins promptly at 8:30a.m.
Those arriving late will not be given CE credits.
No exceptions.

Instructor Bio:

Chris is an active, energetic, and experienced real estate agent with over 25 years of real estate experience. Chris has his Minnesota real estate broker's license and has been a consistent producer with the Minnesota office of a National Real Estate Company.

Chris graduated from the University of Minnesota, Minneapolis with a Bachelor of Science Degree in Economics and currently lives in Waconia, Minnesota.

Here's what people are saying about Chris and his classes:

"Chris does an awesome job and makes these courses fun to listen to..."

"This course was a great refresher... enthusiasm, stories, fun, and humor."

"Chris makes these classes helpful, interesting, and informative."

Mail, Fax, or Bring form & check or credit card to:

La Crosse Area REALTORS Association., 111 S. 6th St., La Crosse, WI 54601, Fax 608-785-7742

Minnesota 3.75 Hours Required CE Module 2018

NAME: _____

FIRM NAME: _____

AMT. ENCLOSED: \$ _____ Check # _____

To pay by credit card, complete & sign below (We accept MasterCard, Visa, Discover, and American Express):

Card : _____ - _____ - _____ - _____ Exp: ____/____ CVV Number: _____

Address where credit card statement is mailed _____

City, State, & Zip _____

Signature (required for charges): _____



[] Please check here if you require special services or DIETARY NEEDS. Please attach a description of needs.