

# La Crosse Area REALTORS® Association is offering Wisconsin Continuing Education on Video

When: The videos will be offered at the scheduled times below

Where: La Crosse Area REALTORS® Association Office  
111 6th Street South, La Crosse

Time: 9:00 a.m. - noon (+ exam) for morning courses.  
1:00 p.m.—4:00p.m. (+ exam) for afternoon courses.

**Please be on time: If you are late, you will not be given credit. No Exceptions.**

Cost: \$26.00/Member - \$31.00/Non-Member (per course)

Class Policy: Maximum 12 students per session.



Cancellation Policy: If you cannot attend, you must cancel 1 week prior to the class in order to be eligible for a refund.

*Any questions, please call the Association Office at 785-7744 or email [membershipservices@laraweb.com](mailto:membershipservices@laraweb.com)*

## SCHEDULED VIDEOS FALL 2010


September 2010	Time	Course #
Thursday, 2nd	9am-12pm	Course 1
Tuesday, 7th	9am-12pm	Course 2
Tuesday, 14th	9am-12pm	Course 3
Monday, 20th	9am-12pm	Course 4
Thursday, 30th	9am-12pm	Course A
October 2010		Course #
Tuesday, 5th	9am-12pm	Course E
Thursday, 14th	9am-12pm	Course 1
Monday, 18th	9am-12pm	Course 2
Thursday, 28th	9am-12pm	Course 3
November 2010		Course #
Friday, 5th	9am-12pm	Course 4
Tuesday, 9th	9am-12pm	Course A
Friday, 12th	9am-12pm	Course C
Tuesday, 16th	9am-12pm	Course 1
Friday, 19th	9am-12pm	Course 2
Monday, 22nd	9am-12pm	Course 3
Tuesday, 23rd	9am-12pm	Course 4
December 2010		Course #
Wednesday, 1st	9am-12pm	Course A
Friday, 3rd	9am-12pm	Course E
Tuesday, 7th	9am-12pm	Course 1
Tuesday, 7th	1pm-4pm	Course 2
Thursday, 9th	9am-12pm	Course 3
Thursday, 9th	1pm-4pm	Course 4
Friday, 10th	9am-12pm	Course A
Friday, 10th	1pm-4pm	Course C

**RSVP TODAY!!**

Mandatory Courses (All licensees must take courses 1-4)  
(Elective A = Risk Reduction, Elective C = Condominiums,  
Elective E = Financing the Sale)

To Register: Fill in and mail/fax (785-7742) the form below.

Payment must accompany registration in order to reserve your seat.



Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Check Dates:

Course 1 Dates	Course 2 Dates	Course 3 Dates	Course 4 Dates
9/2 _____	9/7 _____	9/14 _____	9/20 _____
10/14 _____	10/18 _____	10/28 _____	11/5 _____
11/16 _____	11/19 _____	11/22 _____	11/23 _____
12/7 _____	12/7 _____	12/9 _____	12/9 _____

Course A Dates	Course C Dates	Course E Dates
9/30 _____	11/12 _____	10/5 _____
11/9 _____	12/10 _____	12/3 _____
12/1 _____		
12/10 _____		

AMT. Enclosed: \$ \_\_\_\_\_ Check # \_\_\_\_\_  
 (Make checks payable to LARA)  
 To pay by credit card, complete & sign below (must sign for credit card)  
 Circle one: MasterCard    Visa    Discover  
 Card Number \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_  
 Signature (required for charges): \_\_\_\_\_

Special Services. Check here if you require special services to attend.  
 Please attach a description of needs.