

**La Crosse Area REALTORS® Association**

**Registration for Continuing Education  
Generic Form**

**Date(s) of Course(s):** \_\_\_\_\_

**Name of Course(s):** \_\_\_\_\_

**Wisconsin (or) Minnesota Continuing Education (circle one)**

**Your Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

(we will not be responsible for notifying you of cancellations if you do not provide a complete address and phone number with registration)

**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Amount Enclosed: \$** \_\_\_\_\_ **(be sure to use the “Non Member” cost if you are not a member of La Crosse Area REALTORS Association. Affiliate Members use the “Member” cost)**

**To pay by credit card: MasterCard** \_\_\_\_\_ **or Visa** \_\_\_\_\_

**Card #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Signature (required for charges):** \_\_\_\_\_

**[ ] Special Services. Please check here if you require special services to attend & attach a description of needs.**

**Please return this form to La Crosse Area REALTORS® Association by the deadlines posted for the specific course(s). You may send the form via fax to (608) 785-7742 or mail to: 111 6<sup>th</sup> Street South, La Crosse, WI 54601. If registering after the deadline, please call 785-7744 for information regarding availability of seating and late fees.**