



RE/MAX 101: Broker Management Course Registration Form

Return this completed 2012 registration form to the RE/MAX University Training Department via fax to (303) 796-3544, or if you prefer to e-mail the registration, please save and send as a pdf document to aflowers@remax.com. If you have any questions, please contact Ashley Flowers at (303) 796-3872.

Course Date: _____

Name: _____ Associate ID # : _____ *(Required to attend class)*

Title: _____ If other, please list: _____

RE/MAX Office Name: _____ Office ID #: _____

Mailing Address: _____ Suite: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Country: _____ Phone: _____ Fax: _____

E-Mail: _____

Additional information

City where office is located (for badge): _____

Status of office: _____ Transfer Fee: Yes No

Date of Franchise Agreement: _____

If New Office, Conversion, or Transfer, is this a confidential sale? Yes No

Prior Affiliation (only if conversion): _____

Market Size Small (Population Less than 25,000)
 Metro (Population Over 25,000)

Form Completed By: _____ Date: _____

(All registrations must be completed by a Regional Staff Member) email address:

Notes: