

MIDLAND PARK CONTINUING EDUCATION
250 PROSPECT STREET, MIDLAND PARK , NJ 07432
Phone (201) 444-2030 Fax (201) 444-2091
<https://register.communitypass.net/midlandpark>

KOVATS REAL ESTATE SALESPERSON COURSE

HOW TO REGISTER: You must use this form and register through Midland Park Continuing Education in order to take advantage of the Special Reduced Tuition Fee. Fill in the date next to the course you would like to attend. Mail the form together with your check, money order or credit card information. Checks, in the amount of (\$299.00) payable to Midland Park Continuing Education should be mailed to MPCE at the above address. You may also register by phone, fax, in person or online at <https://register.communitypass.net/midlandpark>

Course will be held at: **KOVATS Real Estate, Insurance & Appraisal Schools**
230 West Passaic Street
Maywood, NJ 07607
Telephone: 201-843-7277
www.kovatsschool.com

BEFORE CHOOSING ANY SCHEDULE: Call the Kovats School at (201-843-7277) or visit their website for complete details regarding available start date(s). When the start day/date is confirmed, use the form below, fill in the date you intend to start the course, and follow the payment instructions above or contact the MPCE office to register at 201-444-2030.

REFUND POLICY: The refund policy of Midland Park Continuing Education will be in effect for this course. Tuition minus a \$15 withdrawal fee will be refunded if a student withdraws from the course **prior to five days** before the intended starting date. No refunds will be given if a student withdraws within the five day period prior to the intended starting date. No refunds will be given once the intended starting date has passed.

MIDLAND PARK CONTINUING EDUCATION
REGISTRATION FORM FOR KOVATS REAL ESTATE SALESPERSON COURSE
Reduced tuition fee \$299.00

3-Week Daytime Course (M – Th, 8:30 a.m. – 2:30 p.m.)	Date you intend to start _____
12-Week Evening Course (M & W or T & Th, 7:00p.m.-10:00p.m).	Date you intend to start _____
12-Week <u>Saturday</u> Course (8:30a.m. – 2:30p.m)	Date you intend to start _____
Flexible Schedule Option (Combination of above day(s) & time)	Date you intend to start _____

Name _____
LAST FIRST e mail address

Address _____ Town/Zip _____

Home Phone _____ Bus. Phone _____ Cell Phone _____

Method of Payment: Cash _____ Check _____ Visa/Master Card/Discover _____ Amount _____

Visa/Master Card /Discover Acct. # _____ Exp.Date _____ CVV Code _____
(last 3 digits on back of card)

Signature (if paying with credit card) _____

