



New Hampshire Association of REALTORS®, Inc.
New Hampshire REALTOR® Institute
REPS/GRI Registration Form

Tuition for each REPS/GRI module is \$210.00. All classes include lunch, breaks, and materials. For those requiring overnight accommodations, please contact NHAR at 603-225-5549 for a list of area hotels.

Applications will be accepted on a first come first serve basis. All modules are limited to 25 students. Registration begins at 8:30 am each morning and students should plan on classes ending at 5:00 pm each day.

Registrant's Name _____ Telephone _____

Company Name _____ Company Telephone _____

Address _____ City _____ State _____ Zip _____

NRDS # _____ License # _____ E-mail _____

If you have a disability requiring special accommodations, please explain: _____

2010 REPS/GRI Schedule – All Classes are Held at the NHAR Office in Concord

Please check all the Modules you are registering for:

- | | |
|---|---|
| <input type="checkbox"/> REPS 101/GRI 101 – June 01 & 02 | <input type="checkbox"/> GRI 104 – April 13 & 14 |
| <input type="checkbox"/> REPS 102/GRI 102 – June 16 & 17 | <input type="checkbox"/> GRI 105 – July 15 & 16 |
| <input type="checkbox"/> REPS 101/GRI 101 – September 23 & 24 | <input type="checkbox"/> GRI 106 – May 6 & 7 |
| <input type="checkbox"/> REPS 102/GRI 102 – October 6 & 7 | <input type="checkbox"/> GRI 107 – August 24 & 25 |
| <input type="checkbox"/> GRI 103 – June 29 & 30 | <input type="checkbox"/> GRI 108 – November 18 & 19 |

Total # of NHAR REPS/GRI Modules _____ @ \$210.00 each: Grand Total \$ _____

PAYMENT – Please choose one of the following options:

- Check enclosed payable to NHAR in the amount of \$ _____ (Grand Total from above)
- Please charge the Grand Total from above to my: MasterCard Visa Discover American Express
- Please charge the Grand Total from above to my: MasterCard Visa Discover American Express in 4 installments per the Installment Payment Option Authorization below:

INSTALLMENT PAYMENT OPTION AUTHORIZATION. I hereby authorize NHAR to charge my Grand Total from above to my credit card in 4 equal monthly installments. The first installment shall be charged upon receipt by NHAR of this signed form, and the remaining 3 installments shall be charged to my credit card on the first day of the month thereafter. I understand that I will not receive certification toward my GRI designation or any applicable continuing education credit until payment is received by NHAR in full.

Account Number _____ Expiration Date: ____/____/____

Security Code _____ (Back of card for all except front of card for American Express)

Print Full Name as it Appears on Your Card _____

Signature _____

Billing Address _____

City _____ State _____ Zip _____

Please mail completed form with payment to: NHAR, PO Box 550, Concord, NH 03302-0550 or fax completed form with payment information to (603) 228-0385. Questions? Call NHAR at (603) 225-5549. Thank you.