



**REAL ESTATE
AND
INSURANCE
SCHOOLS**

"PROFESSIONAL GRADE EDUCATION FOR 33 YEARS"

Kovats Real Estate and Insurance Schools Registration Form

Please complete the form below and mail or fax it to:
Kovats School, 230 West Passaic St., Maywood, NJ 07607, (201) 843-7277 Phone, (201) 843-0715 Fax

Course Selection:

Real Estate Salesperson Courses:	Start Date: _____									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><input type="checkbox"/> 3 Week</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> 12 Week PM</td> <td style="width: 34%; text-align: center;"><input type="checkbox"/> Flexible Schedule</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 12 Week Sat.</td> <td style="text-align: center;"><input type="checkbox"/> Maywood</td> <td></td> </tr> </table>	<input type="checkbox"/> 3 Week	<input type="checkbox"/> 12 Week PM	<input type="checkbox"/> Flexible Schedule	<input type="checkbox"/> 12 Week Sat.	<input type="checkbox"/> Maywood				
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<input type="checkbox"/> 12 Week Sat.	<input type="checkbox"/> Maywood									
Real Estate Broker Course:	Start Date: _____									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><input type="checkbox"/> 90 Hour Core</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> Agency</td> <td style="width: 34%; text-align: center;"><input type="checkbox"/> Office Management</td> </tr> <tr> <td colspan="3" style="padding: 2px;">License # for Broker: _____</td> </tr> </table>	<input type="checkbox"/> 90 Hour Core	<input type="checkbox"/> Agency	<input type="checkbox"/> Office Management	License # for Broker: _____					
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License # for Broker: _____										
Mortgage SAFE Course:	Start Date: _____									
Insurance Courses:	Start Date: _____									
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Insurance Continuing Education:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Course</th> <th style="width: 15%;">Time</th> <th style="width: 15%;">Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Course	Time	Date						
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Real Estate Continuing Education:	Start Date: _____									

Student Information:

Name:			
Address:			
City, State, Zip:			
Phone #:			
Referred by:			
NJ Insurance License Ref #:			
Method of Payment:	Credit Card <input type="checkbox"/> Check <input type="checkbox"/>		
Credit Card:	Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/>		
Credit Card #:		Exp Date:	
Name on Card:		Signature:	