

Marco Polo Real Estate School.

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info@marcopolorealestateschool.com

Broker Post-License Registration Form

Please print legibly

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Home Phone: _____ Cellular: _____

E-mail: _____ FAX #: _____

License #: _____ (required by state for our course completion records)

Credit card # _____ Expiration Date: _____

Security #: _____ Billing Zip Code: _____ Card Type: _____

Course Information:	Start Date:	Approval Numbers:	Hours:	Price:
Post-License Module 1 <i>(Books Included)</i> Broker Topics		513.001048	15	
Post-License Module 2 <i>(Books Included)</i> <i>Applied Real Estate Practices - Interactive</i>		513.001049	15	
Circle: Class Days Nights Online Self Study			Total Class Fees:	
			Total Amount Enclosed:	

Classes and times are subject to change. (See website for the most up-to-date details.)

Name: _____ Signature: _____ Date: _____

How did you hear about us? Online _____ Newspaper _____ internet _____ Recommended by _____

CONTACT US: (855) 205-0915. (773) 204-5476 or by e-mail at info@marcopolorealestateschools.com

Disclaimer: The School is not responsible for ensuring that licensees have met and fulfilled continuing education requirements. Each individual licensee is responsible for tracking, accounting for and fulfilling individual continuing education requirements. Questions regarding continuing education courses and requirements should be directed to the Illinois Dept. of Professional Regulation, 320 W Washington, Springfield, IL. 62786. (217) 782-3414. *The Course is made available to all qualified applicants, and the School will not discriminate on the basis of age, race, color, creed, religion, sex, handicap or national origin. If you have any special needs please contact the school administrator.*