



CONTACT INFORMATION

The Council will direct all questions and information requests to the contact(s) listed below.

Licensing Organization: _____

Course Dates: _____

Course Contact(s): _____

Phone Number(s): _____

Fax Number(s): _____

E-mail: _____

Website: _____

COURSE FACILITY INFORMATION

Facility _____

Facility Address _____

City/State/Zip _____

Facility Phone Number _____

On-site Administrator Name _____

On-site Administrator E-mail _____

On-site Administrator Phone _____

Emergency / Non-Business Hours Phone Number _____

COURSE REGISTRATION DETAILS

This is the information that will be provided on our Website and in any of our e-communications regarding your Course.

Phone Number: _____

Contact Email: _____

Link to On-Line Registration (if applicable): _____

Name / Contact: _____

Return this completed form to:

Annie Snyder, Manager of Education & Training
Council of Real Estate Brokerage Managers
430 North Michigan Avenue ♦ Chicago, IL 60611
Fax: 312.329.8882 ♦ E-mail: asn timer@crb.com ♦ www.CRB.com