

***Please fax registration form to CREB®'s
Education & Membership Records Department
403-218-3687***

A. PERSONAL INFORMATION – All fields must be completed	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	1. Last name
2. First name	3. Middle name(s) (<i>initials not acceptable</i>)
4. Birth date (mm/dd/yy)	5. RECA ID number RW-
6. Email address	7. Cellular phone number
8. Brokerage full name	
B. COURSE INFORMATION – All fields must be completed	
9. Course provider <i>Calgary Real Estate Board (CREB®)</i>	10. Course date
11. Course instructor	12. Course location 300 Manning Road N.E., Calgary, AB T2E 8K4
C. ACKNOWLEDGEMENT	
<input type="checkbox"/> I hereby consent to the course provider collecting, using, and disclosing my personal information, as identified in Section A of this Course Enrollment form, to the Real Estate Council of Alberta for the purposes of providing course enrollment and completion records in accordance with the <i>Personal Information Protection Act</i> .	
Signature _____	Date _____