

Home Inspection Training Service
Student Enrollment Form
Continuing Education

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: () _____

E-Mail _____ License # 450.00 _____

Mundelein: Sunday, November 6th

Morning Session	9:00 AM – 12:00 PM	3 CE Hrs	\$100 _____
Afternoon Session	12:00 PM – 3:00 PM	3 CE Hrs	\$100 _____

Springfield: Sunday, November 13th

Morning Session	9:00 AM – 12:00 PM	3 CE Hrs	\$100 _____
Afternoon Session	12:00 PM – 3:00 PM	3 CE Hrs	\$100 _____

To reserve a seat in a class the full fee is required. Please enclose a check or money order made out to Home Inspection Training Service with this application. If you wish to pay by credit card please print a Visa or Master Card number on the line below. If the class is canceled at the discretion of Home Inspection Training Service, all money will be fully refunded.

Check Visa Master Card

Card # _____ Expiration Date _____

Signature: _____

Send Application to:
Home Inspection Training Service
700 N. Lake St., Suite 201 - Mundelein, IL. 60060
Fax: (847) 566-6333 Phone: (847) 217-5958
