

HOME INSPECTION



Pre-Licensing Course
Student Enrollment Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ E-Mail: _____

Social Security # _____

2011 Weekend Classes: (Classes are held over two, 3-day weekends (Fri, Sat, Sun))

Spring Session:

April 8, 9, 10 & April 15, 16, 17 _____ \$1395

Fall Session:

September 16, 17, 18 & September 23, 24, 25 _____ \$1395

To reserve a seat, a non-refundable \$400 deposit is required. Please enclose a check or money order made out to *Home Inspection Training Service* along 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 cancelled at the discretion of Home Inspection Training Services, all deposits will be fully refunded. The balance of the fee is due on the first day of the class.

Check , Visa , Master Card , Voucher

Card # _____ Expiration Date _____

- Please bill my credit card for the full course fee: _____
- Please bill my credit card for the deposit amount - \$400 deposit, balance due 1st day: _____

Signature: _____ Date: _____

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