## Marco Polo Real Estate School.

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www.marcopolorealestateschools.com info@marcopolorealestateschool.com

## **Managing Broker Pre-License Registration Form**

Please print legibly

Name: \_\_\_\_\_

Address:

City:	State:	Zip:		
Office Phone:Hor	me Phone:	Cellulaı	r:	
E-mail:		FAX #:		
Social Security #:	(r	equired by state for our o	course complet	ion records)
		Expiration Date:		
Course Information:	Start Date:	Approval Numbers:	Hours :	Price:
Post-License Module 1 (Books Included Managing Broker Topics	d)		30	
Post-License Module 2 (Books Included Applied Management & Supervision Principles- Inter-			15	
Circle: Class Days Nights Online	Total Cl	Total Class Fees:		
		Total Amoun	t Enclosed:	
Classes and times are subject to change. (See we	ebsite for the most up-to-	-date details.)		
Name:	Signature:		Date:	
How did you hear about us? Online	Newspaper inte	ernet Recomme	ended by	

**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.