



PACKAGES	
<input type="checkbox"/>	63-Hour Sales Pre PREMIUM Package - \$399
<input type="checkbox"/>	63-Hour Sales Pre DELUXE Package—\$279
<input type="checkbox"/>	63-Hour Sales Pre STANDARD Package - \$199
<input type="checkbox"/>	Sales Associate Exam Prep Course Online—\$129
<input type="checkbox"/>	Sales Exam Prep Resources Special—\$179
<input type="checkbox"/>	45-Hour Post License Sales PREMIUM Package - \$229
<input type="checkbox"/>	45-Hour Post License Sales STANDARD Package—\$179
<input type="checkbox"/>	72-Hour Broker Pre PREMIUM Package —\$529
<input type="checkbox"/>	72-Hour Broker Pre DELUXE Package —\$459
<input type="checkbox"/>	72-Hour Broker Pre STANDARD Package - \$399
<input type="checkbox"/>	License Law Review Online—\$54
<input type="checkbox"/>	Broker Exam Prep Online—\$169
<input type="checkbox"/>	Broker Exam Prep Special - \$229

INDIVIDUAL RESOURCES	
<input type="checkbox"/>	63-HR. Textbook \$49
<input type="checkbox"/>	63-HR. Study Guide \$34
<input type="checkbox"/>	63-HR. State Exam Prep \$49
<input type="checkbox"/>	PASS Audio CD's \$38
<input type="checkbox"/>	FLASH Card CD-ROM \$58
<input type="checkbox"/>	45-HR. Textbook \$45
<input type="checkbox"/>	72-HR. Textbook \$54
<input type="checkbox"/>	72-HR. Study Guide \$34
<input type="checkbox"/>	Law Review Book \$34
<input type="checkbox"/>	72-HR. Broker Prep Book \$44
<input type="checkbox"/>	Certificate of Achievement \$5

Name: _____
(As you would like it to appear on your course completion certificate, please print)

Email: _____ (Required For Online Programs/Courses only)

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: (____) _____

*Last Five Digits of Social Security Number _____ *(Required for 63-Hour Programs Only)

**License Number: _____ **(Required except for 63-Hour Programs)

Check or Money Order Number: _____

Credit Card: Circle Card Type and enter number in blanks provided below:

American Express (15 digits)
 Discover (16 digits)
 MasterCard (16 digits)
 VISA (13 or 16) digits

Credit Card#:																			Expiration Date: ____/____/____	***Credit Card Verification #:
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Month	Year	***4 digit# on front of American Express, 3 digit# on back of Discover, MasterCard, and VISA	
Name of Cardholder (as it appears on the credit card) :																		INSERT ORDER TOTAL:		

Cardholder Signature: _____ (Signature Required) Date: _____

Mail Form To: Bert Rodgers Schools - Attn: Registration Department - PO Box 4708 - Sarasota, FL 34230 Fax To: 1-941-378-3883

For more information and package descriptions visit: www.bertrodgers.com