

THE CUSACK CENTER 2016

NYS REAL ESTATE SALESPERSON'S 75-HOUR QUALIFYING COURSE

January 2016

Evenings: M & W, 5:30 PM - 10:30 PM
& Sat. 8:30 AM - 5:00 PM
1/04, 1/06, 1/09
1/11, 1/13, 1/16
1/18, 1/20, 1/23
1/25, 1/27, 1/30
Exam Only: 2/01, 6:00 PM - 9:00 PM.

February 2016

Daytime 2 Week Accelerated Course. (Cost \$549)
Meets M, T, W, Th & F 9:00 AM - 5:00 PM
2/01, 2/02, 2/03, 2/04, 2/05,
2/08, 2/09, 2/10, 2/11, 2/12
Exam: 2/12, 1:00 PM - 3:00 PM.

February/March 2016

Evenings: M & W, 5:30 PM - 10:30 PM
& Sat. 8:30 AM - 5:00 PM
2/22, 2/24, 2/27
2/29, 3/02, 3/05
3/07, 3/09, 3/12
3/14, 3/16, 3/19
Exam Only: 3/21, 6:00 PM - 9:00 PM.

††Textbook: *To Be Determined*

†† Subject to change without notice

April 2016

Daytime 2 Week Accelerated Course. (Cost \$549)
Meets M, T, W, Th & F 9:00 AM - 5:00 PM
4/04, 4/05, 4/06, 4/07, 4/08,
4/11, 4/12, 4/13, 4/14, 4/15
Exam: 4/15, 1:00 PM - 3:00 PM.

April/May 2016

Evenings: M & W, 5:30 PM - 10:30 PM
& Sat. 8:30 AM - 5:00 PM
4/25, 4/27, 4/30
5/02, 5/04, 5/07
5/09, 5/11, 5/14
5/16, 5/18, 5/21
Exam Only: 5/23, 6:00 PM - 9:00 PM.

June 2016

Daytime 2 Week Accelerated Course. (Cost \$549)
Meets M, T, W, Th & F 9:00 AM - 5:00 PM
6/06, 6/07, 6/08, 6/09, 6/10,
6/13, 6/14, 6/15, 6/16, 6/17
Exam: 6/17, 1:00 PM - 3:00 PM.

Course Fee: Evenings & Saturdays: \$499.00
Two Week Accelerated: \$549.00

Includes Everything!

- *Course Textbook*
- *Classroom Work Book*
- *NYS Exam Review Book*

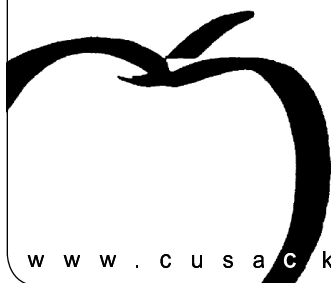
Students who completed the 45-Hour Salesperson's Qualifying course prior to July 1, 2008

- who did not activated a license
- who let their license lapse for 2 years or more*
- who wish to become a broker

must take the gap course covering the newly added topics, in order to activate a license.

*If you have proof of an expired Salesperson's license you do not need to take the Gap course, but you will have to retake the New York State Exam. Proof of previous licensure can be the Broker's desk copy of your license, your pocket card or proof of payment to the Department of State for the initial license fee. School certificates are not considered proof of previous licensure.

Providing Continuing Professional Education Since 1990





CUSACK CENTER
 FOR PROFESSIONAL DEVELOPMENT
 www.cusackcenter.com
 Telephone: 716.683.4080 Fax: 716.276.8028

COURSE TUITIONS** ARE REFUNDABLE MINUS A 5% SERVICE FEE PROVIDED THE STUDENT NOTIFIES THE CUSACK CENTER OF CANCELLATION BY 5:00 PM ON THE DAY PRECEDING THE FIRST CLASS SESSION. NOTICE MUST BE IN WRITING BY FAX 716.276.8028 OR EMAIL info@cusackcenter.com. CANCELLATIONS RECEIVED AFTER 5:00 PM ON THE DAY PRECEDING THE FIRST CLASS SESSION UP UNTIL CONCLUSION OF INSTRUCTION WILL RECEIVE A LETTER OF CREDIT VALID FOR SIX MONTHS FROM ORIGINAL COURSE CANCELLATION DATE. NO-SHOWS WILL FORFEIT ALL TUITIONS.

REGISTRATION FORM

NAME: _____
Last Full First Name Middle Initial

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE [Res]* _____ [Cell] _____ [Office] _____

E-Mail: _____

OFFICE/SPONSOR: _____

OFFICE ADDRESS: _____

<p>1. Course Title: _____ Date Course Begins: _____ Daytime [] Evening [] Course Fee: \$ _____ Includes Text: Yes [] No []</p> <p>2. Course Title: _____ Date Course Begins: _____ Daytime [] Evening [] Course Fee: \$ _____ Includes Text: Yes [] No []</p> <p>3. Course Title: _____ Date Course Begins: _____ Daytime [] Evening [] Course Fee: \$ _____ Includes Text: Yes [] No []</p> <p>4. Course Title: _____ Date Course Begins: _____ Daytime [] Evening [] Course Fee: \$ _____ Includes Text: Yes [] No []</p>	<p><input type="checkbox"/> I am taking course(s) for Real Estate Continuing Education License Exp. Date _____ <input type="checkbox"/> I am taking course(s) for Appraisal Continuing Education License Exp. Date _____ <input type="checkbox"/> I am taking course(s) for Home Inspection Continuing Education License Exp. Date _____</p>
---	---

Mastercard [] Visa [] Debit [] Discover [] Check Enclosed [] Money Order Enclosed []

_____ \$ _____
 Cardholder's Name (as appears on card) Amount Enclosed or Authorized

_____ Card Expiration Date

_____ CVV2 Code (Required)
 Card # 3 Digit code on the back of Visa
 Card Billing Address (if different from above) MasterCard or Discover

City _____ State _____ Zip _____

SIGNATURE: _____
Cardholder's Signature Required For All Charges

PLEASE REMIT REGISTRATION & PAYMENT TO:
 Cusack Center For Professional Development
 5500 Main Street Suite #104
 Williamsville, NY 14221

