

SPRING REAL PROPERTY ADMINISTRATOR (RPA) COURSE

COURSE REGISTRATION FORM — PLEASE TYPE OR PRINT LEGIBLY

First Name: _____ Middle Name: _____ Last Name: _____

BOMI ID# (if a current student): _____ Company Name: _____

Email: _____ Social Security Number: _____

* Mail textbook(s) to: Office Home (No P.O. Boxes, please) * BOMI Member: Yes No

* Mail correspondence/grades to: Office Home If yes, which Local: _____

OFFICE	HOME
← Please fill out BOTH addresses →	
Company Address: _____	Home Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Work Phone: _____ Fax: _____	Home Phone: _____ Fax: _____

1 ENROLLMENT OPTIONS AND FEES — Check option a, b, c, or d or e:

CURRENT STUDENTS — If you have not yet completed the enrollment application, please do so and submit with this registration form.

- a. I am already enrolled in the Institute's RPA FMA SMT/SMA designation program.
- b. I am a BOMI designation holder who wants to enroll in a second (or third) designation program. Check one: RPA FMA SMT/SMA \$75.00
- c. I am a BOMI designation holder who wants to take a BOMI course for CPD credit (maximum 1 course every 3 years). No additional enrollment fee.

NEW STUDENTS — All new students are required to fill out the enrollment application to the left and submit with this registration form.

- d. I am a new student who wants to enroll in the (check one): RPA FMA SMT/SMA designation program. \$175.00
- e. I am a new student who wants to take an individual course (or courses) only. \$75.00

Your first course enrollment fee may be applied toward a designation enrollment fee.

TOTAL ENROLLMENT FEE(S)	
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2 STUDY METHOD — Mark the code that applies to each course you are registering for in the form below:

C – Classroom Study

3 COURSE REGISTRATION

Course Title	Study Method	Dates	Location	Fee
Environmental Health and Safety Issues	C	4/12	AOBA	
Real Estate Investment and Finance	C	4/15	AOBA	
Fees: AOBA Member: \$835.00				
Non-AOBA Member: \$860.00				

TOTAL ENROLLMENT FEE(S)	
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TOTAL AMOUNT DUE	
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4 PAYMENT METHOD

- Check — Payable to AOBA Purchase Order — Copy of P.O. must be attached
- Mastercard VISA (check one)

Card Number: _____ Expiration Date: _____ Name: _____

Billing Address: _____ Signature: _____