

**SOUTH CAROLINA CHAPTER  
2017 EDUCATION ENROLLMENT AGREEMENT**

Enroll [Online \(preferred\)](#), mail, or e-mail this form to the  
SC Chapter Appraisal Institute, 2451 Cumberland Pkwy., #3510, Atlanta GA 30339 / sbrockway@aiatlanta.org  
Enroll in the courses or seminars by checking the corresponding boxes below and completing the registration form.

**PLEASE TYPE OR USE LEGIBLE HANDWRITING**

- Business Practices & Ethics (7 hours AI), 5/19/17, *Note BPE course is approved for 4 hours state credit.*

**STUDENT ENROLLMENT AGREEMENT**

1. These programs are being offered by the South Carolina Chapter Appraisal Institute, 2451 Cumberland Pkwy., Atlanta, GA 30339.
  2. This is a legally binding agreement.
  3. If cancellations are received up to 15 days prior to the program start date, a \$25 processing charge will be deducted from the registration fee. A \$50 fee will be charged for cancellations made after the 15<sup>th</sup> day and no refund will be provided for cancellations after 7 days prior to the program date. If the SC Chapter cancels the course or seminar due to instructor illness, low enrollment or act of God, you will be notified by the chapter and a full refund will be given.
  4. No fees are paid in installments.
  5. Pursuant to the Americans with Disabilities Act, please provide the SC Chapter with advance written notification if you require special assistance in the form of auxiliary aids.
  6. The SC Chapter Appraisal Institute does not discriminate on the basis of ethnic origin, gender, age or religious affiliation.
  7. 100% attendance of classroom time is required for full credit. Partial credit is not permitted.
  8. I have read and understand and agree to all of the above information.
- Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Follow this link for tuition prices, location, schedule, and other program details:**

<http://www.appraisalinstitute.org/education/SouthCarolina.aspx>

**AI Status**

- MAI  SRPA  SRA  General Candidate  Residential Candidate  Practicing Affiliate  Affiliate  Guest

**NAME** \_\_\_\_\_  

<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>	<b>"COMMON NAME"</b>
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**EMAIL** \_\_\_\_\_

**APPRAISER CLASSIFICATION STATE (S) & NUMBER(S)** \_\_\_\_\_

**COMPANY** \_\_\_\_\_

**MATERIALS SHIP TO ADDRESS (No P.O. Boxes)** \_\_\_\_\_

<b>BUSINESS ADDRESS</b> _____	<b>Address</b>	<b>City</b>	<b>ST</b>	<b>Zip</b>
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<b>BUSINESS ADDRESS</b> _____	<b>Address</b>	<b>City</b>	<b>ST</b>	<b>Zip</b>
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**BUSINESS PHONE** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

**METHOD OF PAYMENT**

- Check (payable to SC Chapter Appraisal Institute)  Visa  MasterCard  Am. Express  Discover

**Amount Enclosed or to Charge \$** \_\_\_\_\_

**Card No.** \_\_\_\_\_ **CCV #** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Cardholder's Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Cardholder's Billing Address, Street or PO Box** \_\_\_\_\_ **Zip Code** \_\_\_\_\_