

REGISTRATION FORM

WISCONSIN LAND TITLE ASSN. TITLE EXAMINER COURSES



Thursday, March 7, 2019
WI Bankers Assn. Building, Madison

Friday, March 8, 2019
WI Banker Assn. Building, Madison

Title Examiner Course I

_____ Member \$150.00
_____ Non Member \$250.00

Title Examiner Course II

_____ Member \$150.00
_____ Non Member \$250.00

Title Examiner Course III

(Indicate Your Level of experience in legal descriptions)

Beginning Level _____
Intermediate Level _____

_____ Member \$150.00
_____ Non Member \$250.00

Title Examiner Course IV

_____ Member \$150.00
_____ Non Member \$250.00

Title Examiner Course V

_____ Member \$150.00
_____ Non Member \$250.00

Title Examiner Course VI

_____ Member \$150.00
_____ Non Member \$250.00

**You may only take one class per day as each individual course starts at 9:00 a.m. and ends at approximately 3:30 p.m.
Registration Deadline-At end of the business day on Monday, the week of the classes.
If you have not received an email confirmation by that date, contact the WLTA immediately.**

PLEASE only one attendee per form: (Feel free to copy this form)

***** DO NOT CUT THIS PORTION APART *****

Course Fees from above: \$150 Members per course, \$250 Non Members per Course \$ _____

Surcharge for taking Courses out of Order

Add \$25 if you are taking an above Course Out of Sequential Order or if you wish to take any one single free standing course with no intention of completing the entire series.

\$ _____

Test-Out Fees for Course(s) # _____ (Indicate which course you wish to test-out of) \$ _____

Test-Out means you are taking the exam and **NOT** the Class. **Price is the same as the full course fees above.** You must be on site by not later than 1:30 p.m. to take the exam

Total \$ _____

Credits *Note: If you have CREDITS please list them below:*

Minus Credits on File

- \$ _____

Minus Free Coupons attached (original coupon must be attached)

- \$ _____

Revised Balance Due

\$ _____

Name _____

PLEASE PRINT CLEARLY AND MAKE SURE THE SPELLING OF THE NAME IS CORRECT FOR YOUR NAME BADGE. THANKS

Company _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____ **Email** _____

Are you seeking Continuing Education Credits for attending? Yes No
Please indicate which? WI Legal Education Credits _____ WI Assessor Credits _____

Do you have special needs, diet or a disability that requires special assistance services? Yes No
If yes, please describe how we can assist. _____