



# CTCAR

Central Texas Commercial Association of Real Estate Professionals, Inc.  
Central Texas Commercial Association of Realtors®



Presents:

## COMMERCIAL TRANSACTION FORMS

Wednesday, September 22nd, 2010

Independence Title • 9442 Capital of Texas Hwy • Austin, TX 78759

Recent Commercial form changes and use of the revised free software (two classes):

Learn about FREE TAR Commercial Forms Library and the Recent Changes to the Forms

Course Title: Commercial Transaction Forms In Depth

Instructor: Rick Albers

Provider: Central Texas Commercial Association of Realtors

Provider Number: 0566

Course Number: 03-00-042-9080

MCE Credit: 3 Hours

9:00am - Noon

Learn how to complete the FREE TAR forms using the FREE ZipForms software

Course Title: Commercial Forms Made Easy - (Zip Forms Deluxe)

Instructor: Candace Cooke

Provider: Texas Association of Realtors

Provider Number: 001

Course Number: 03-00-081-8425

MCE Credit: 3 Hours

1:00pm - 4:00pm

**When:** Wednesday, Sept. 22, 2010

**Where:** Independence Title  
9442 Capital of Texas Hwy.  
Austin, TX 78759

**Time:** 9:00 am—12:00 Noon  
1:00 pm—4:00pm

### MCE Instructors:



Rick Albers  
CTCAR



Candace Cooke  
TAR

September MCE Event: - (Wednesday, Sept. 22, 2010) (9am - 4pm)

### MCE Course Information:

Check course(s) you will be attending:

- Commercial Transaction Forms In Depth
- Commercial Forms Made Easy - (Zip Forms Deluxe)

Cost (One class only): Please check appropriate box below:

\$45 Member /  \$60 Non-Members (3 Hours)

Two class discount (Both classes):

\$80 Member /  \$110 Non-Members (6 Hours)

Register Online at:  
[www.CTCARonline.com](http://www.CTCARonline.com)



FAX by Noon Sept 20th, 2010 to  
(512) 454-3036

### MCE Refund Policy:

Refunds in full if written notice received by 09/20/2010

Fax RSVP / Registration to (512) 454-3036  
Registration Deadline is 09/20/2010

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Payment Information

I, the undersigned, having the authority to sign contracts and approve payments by check or credit card on behalf of said company and employee representatives. I have read and agree to abide by all such terms, conditions, rules and regulations.

Check # \_\_\_\_\_ Date \_\_\_\_\_

Charge my credit card for payment-in-full of total amount due with contract:

Visa  MC  AMEX  DISC

Card # \_\_\_\_\_ Exp \_\_\_\_\_

Name on Card \_\_\_\_\_ Date \_\_\_\_\_

CC Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Signature \_\_\_\_\_

Payment in full must accompany form.

Mail to: CTCAR 1306-A West Anderson Lane, Austin, TX 78757