



The Empire State MBA is pleased to announce:

### 17 Hour SAFE Comprehensive Class

NMLS Approved Course #1126

plus 3 Hr NY State Laws  
State specific course

Schedule		
<b>May 4, 2010</b>	9 a.m. - 6:30 p.m.	17 Hr SAFE Comprehensive Course - Part I
<b>May 5, 2010</b>	9 a.m. - 6:30 p.m.	17 Hr SAFE Comprehensive Course - Part II
<b>May 6, 2010</b>	10 a.m. - 1 p.m.	3 Hr NY State Laws, NMLS #1305

You must be present at each class in its entirety in order to get credit.

You will not be permitted into the class if you arrive late. Please arrive 30 minutes early to register.

## Hilton Long Island/Huntington

598 Broad Hollow Road, Melville, NY 11747

To register for the Academy courses, please fax this form to (973) 379-5152 or mail this form to: The Academy, 385 Morris Avenue, Springfield, NJ 07081-0740. Refunds for cancellation are given (minus a \$25 administrative fee). Requests for cancellation/refund must be submitted to the Academy, in writing, up to one week prior to the class. A 50% refund is given if written notification is given less than one week prior to the class. Refunds may take up to 30 days to process if payment was made with a check or cash. Credit card refunds will be credited to the card used to register for the class. In the event of inclement weather or inadequate class enrollment, the Academy reserves the right to cancel a class. Earliest notification will be given and the student has the right to choose from another course of equal value or full refund. Make checks payable to: The Academy. For more information Telephone 866-379-5063.

### Registration Form

	Member	Non-Member	Mandatory NMLS Registration Fee <small>(Applicable Fee will be charged.)</small>
<b>17 Hour SAFE</b>	<input type="checkbox"/> \$247.00	<input type="checkbox"/> \$278.00	<input checked="" type="checkbox"/> \$25.50
<b>3 Hr NY State Laws</b>	<input type="checkbox"/> \$108.00	<input type="checkbox"/> \$120.00	<input checked="" type="checkbox"/> \$4.50

### This address is where your certificate(s) of completion will be sent.

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Attendees \_\_\_\_\_

### Registrations will not be processed without payment.

Credit Card:  Visa or  MasterCard

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ V-code: \_\_\_\_\_