



AND



Nebraska Association of Mortgage Brokers

Iowa and Nebraska Association of Mortgage Brokers have joined up to offer a Prep-Test for both the Federal and the State Tests.

Limited seat available
sign up soon to
reserve your seat

Sign up to be a member of either association by filling out the attached membership forms.

Date	Location	Time	Member Pricing	Non Member Pricing	Registration Deadline	Check the one you will be attending
January 15	11830 Nicholas Street Omaha, NE 68154	8 to 12	\$135.00	\$250.00	January 12	
January 28	1370 NW 114 th Street Clive, IA 50325	1 to 5	\$135.00	\$250.00	January 25	
February 17	11830 Nicholas Street Omaha, NE 68154	8 to 12	\$135.00	\$250.00	February 12	
February 25	1370 NW 114 th Street Clive, IA 50325	1 to 5	\$135.00	\$250.00	February 22	
March 24	11830 Nicholas Street Omaha, NE 68154	1 to 5	\$135.00	\$250.00	March 22	
March 25	1370 NW 114 th Street Clive, IA 50325	1 to 5	\$135.00	\$250.00	March 22	

Signing up for this Prep Class will give you 4 hours with a live instructor to guide you through information for both State and Federal tests and hundreds of practice questions. Three hours will be dedicated to Federal Regulations with 1 hour to State Regulations. Members of either Association will get the member pricing and also members get the benefit that if you fail the test the first time you take your test you can re take this Prep Class for just \$50.

This course is NOT counted towards education; it will NOT count as 4 hours of the 20 hours required before you can sit for the test.

To register for classes; visit NEAMB's website, send or fax this form to one of the following locations:

IAAMB- 4949 Westown Pkwy Ste 165-111; West Des Moines, IA 50266; FAX- 866-931-7542;

NEAMB- website www.nebraskamortgagebrokers.org (add "note to NEAMB" w/ attendee name),

mail to 801 North 96th Street; Omaha, NE 68114 or FAX- 402-505-7181 Attn: Todd Zimmerman

****One Registration form per Attendee*****

NAME _____ Company Name _____

Home Address _____ City, St, Zip _____

Home Phone _____ Cell Phone _____

Email Address for receipts _____

Please check in acknowledgement of this policy. A \$20 cancellation fee will be assessed if you cancel less than 48 hours prior to class time. There will be no refund if you cancel less than 24 hours prior to class time.

I AM ENCLOSING A CHECK IN THE AMOUNT OF \$ _____ OR CHARGE MY CREDIT CARD \$ _____ VISA _____ MC _____ AMEX

ACCOUNT# _____ EXP. DATE _____ 3 (Visa/MC) or 4 (AMEX) Digit CSC# _____

AUTHORIZED CARDHOLDER NAME _____
(PLEASE PRINT LEGIBLY)

Billing Address on Credit Card. PLEASE INCLUDE City, State and Zip Code _____

AUTHORIZED SIGNATURE _____