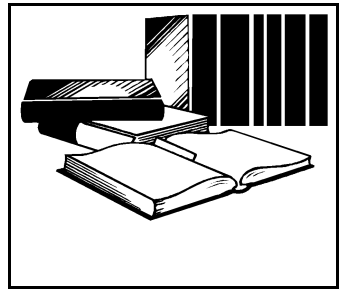


Registration Agreement



Wilson Educational Group
 533 Legion Drive
 Harrodsburg, KY 40330

859-734-3174 ♦ 800-248-6815
 FAX: 859-734-2002

www.wilsonedgroup.com

Name _____ / _____
 (First) (Middle) (Last) (Preferred Name)

(List Name as it appears on your Certificate or License)

SSN _____ - _____ - _____

Mailing Address _____ (H) (O) _____

City _____ County _____ State _____ Zip _____

Phone (H) _____ (W) _____ (C) _____ (F) _____

E-mail: _____

Curriculum: Sales _____ Appraisal _____ Both _____ Other _____

Student Status: Qualifying Education _____ Continuing Education _____ Both _____ Other _____

Professional Status:

| | | |
|-------------------|------------------|--------------------|
| | <u>Appraisal</u> | <u>Sales</u> |
| Associate | _____ | _____ |
| Licensed | _____ | _____ |
| Residential Cert. | _____ | _____ |
| General Cert. | _____ | _____ |
| License # | _____ | _____ |
| | | Broker _____ |
| | | Sales Assoc. _____ |
| | | License # _____ |

Course Information:

| Course # | Course Dates | Fee |
|----------|--------------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Payment Information:

Cash _____ Check (#) _____ V _____ MC _____ Other _____

Card No. _____ / _____ / _____ / _____

3 Digit CVS No. _____

Billing Address _____

Name on Card _____

Expiration Date _____

Classes may be cancelled if there is not sufficient enrollment at a listed location. All student cancellations not made at least 7 days prior to the class beginning will be subject to a 20% cancellation fee. No refund will be given for cancellations received within 24 hours of the beginning of the scheduled class. Registrations at the door will be subject to a 20% late fee.

I agree, in compliance with the laws and administrative regulations of the Commonwealth of Kentucky, to attend the entire sessions as scheduled in order to receive credit from an agency of the Commonwealth. Make up classes may be offered at a time and location to be specified at a future date. I further have read, do understand, and agree to abide by the policies outlined here.

Signature of the Student _____ Date _____

Wilson Educational Group _____ Date _____

Wilson Educational Group grievance policy:

If you have a concern or a complaint concerning the Wilson Educational Group, please contact Misty Gammon at 859-734-3174. If you are not satisfied with the way your concerns are handled at this level, please use the information provided below:

Filing a Complaint with the Kentucky Commission on Proprietary Education

To file a complaint with the Kentucky Commission on Proprietary Education, each person filing must submit a completed "Form to File a Complaint" (PE-24) to the Kentucky Commission on Proprietary Education by mail to Capital Plaza Tower, Room 302, 500 Mero Street, Frankfort, Kentucky 40601. This form can be found on the website at www.kcpe.ky.gov.

Student Protection Fund

KRS 165A.450 requires each school licensed by the Kentucky Commission on Proprietary to contribute to a Student Protection Fund which will be used to pay off debt incurred due to the closing of a school, discontinuance of a program, loss of license, or loss of accreditation by a school or program. To file a claim against the Student Protection Fund, each person filing must submit a completed "Form for Claims Against the Student Protection Fund". This form can be found on the website at www.kcpe.ky.gov.