



TRIAD APARTMENT ASSOCIATION  
 3407-E WEST WENDOVER AVE  
 GREENSBORO, NC 27407  
 TEL: 336.294.4428  
 WWW.MYTAA.ORG

# NAAEI Designation Program Registration

YES, register me for this program: \_\_\_\_\_

Classes begin on (enter date of 1st class): \_\_\_\_\_

## Student Information

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

Company/Property: \_\_\_\_\_

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

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

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

Student Cell Number: \_\_\_\_\_ Student Email: \_\_\_\_\_

Do you receive UNITS magazine? If so, please indicate the number that appears above your name on the address label: \_\_\_\_\_

Authorized signature (yours or your supervisor): \_\_\_\_\_

Date you entered the apartment industry: \_\_\_\_\_

Highest Education Level obtained: \_\_\_\_\_

### Registration Deadline and Policies:

TUITION MUST BE PAID IN FULL WITHIN 2 WEEKS OF THE CLASS. No refunds will be given without WRITTEN notice of cancellation, which must be received 14 days prior to the first class meeting. No Shows will be responsible for the full tuition. TAA reserves the right to make schedule changes, if necessary. The registration fee includes the cost of classroom materials, books, instruction, national fees and testing. Registration confirmation will not be given unless specifically requested.

### Attendance:

You are required to attend all classes. You'll be notified when your books arrive so you can pick them up prior to your first class. It's IMPERATIVE that you read the material that will be covered in class prior to attending. By registering you agree that you are both eligible to attend and understand the requirements for obtaining and maintaining your designation (see specifics at [www.myTAA.org](http://www.myTAA.org) and click on NAA Designation Courses.

Special Needs/Requests: \_\_\_\_\_

### PAYMENT INFORMATION:

- Please Invoice (TAA member option only)
- Check Payable: (Triad Apartment Association)
- Credit Card: VISA or MasterCard only



Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_

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

3 Digit Security Number (on back) \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Fax this completed form to 336.294.4481**

