



Television Education, Inc.

P. O. Box 929
Davis, California 95617-0929
530/756-4991 FAX 758-3744

NEW SCHOOL INFORMATION

Please complete and return this form by fax or mail.

Physical Address

Company Name: _____

School Name (DBA): _____

Street Address: _____ Suite: _____

City: _____

State: _____ Zip: _____

Phone: () _____ FAX: () _____ Cel: () _____

Email: _____

Mailing Address (if different from above)

Street Address: _____ Suite: _____

City: _____

State: _____ Zip: _____

Check One: Sole Owner Partnership Corporation

Owner, Partners, and/or Officers:

Alternate School Location 1

Street: _____ Suite: _____

City/State/Zip: _____

Phone: () _____ FAX: () _____

Alternate School Location 2

Street: _____ Suite: _____

City/State/Zip: _____

Phone: () _____ FAX: () _____

1. What courses are you interested in? (check all that apply)

Contracting Real Estate

2. How did you hear about us?

3. Have you ever worked for a Contractors or Real Estate School?

yes no

3a. If yes, which one(s)?

4. Did you sign a non-compete agreement with any school/employer?

yes no

4a. If yes, with whom?

5. What other services will your school offer?

