

LOUISIANA REAL ESTATE COMMISSION
Post Office Box 14785 Baton Rouge, LA 70898-4785
(225) 925-1923 or (800) 821-4529 (LA only)

CONTINUING EDUCATION COURSE/SEMINAR SCHEDULE

Vendor Name: _____ LCE Number: _____

Telephone Number: (_____) _____ Class Schedule for Month of: _____

This report must be submitted to the LREC by the 5th day of each month. The report should include all classes scheduled from the 5th through the end of the month and all classes scheduled during the first 4 days of the following month. If no classes are scheduled, this form must be submitted with the notation that no classes are scheduled for the month.

1. Seminar/Course Title: _____ Tracking Number: _____
Class Schedule: Day: _____ Date: _____ Time: _____
Class Location: Address: _____
City, State, Zip: _____
Instructor Name(s): _____
Comments: _____

2. Seminar/Course Title: _____ Tracking Number: _____
Class Schedule: Day: _____ Date: _____ Time: _____
Class Location: Address: _____
City, State, Zip: _____
Instructor Name(s): _____
Comments: _____

3. Seminar/Course Title: _____ Tracking Number: _____
Class Schedule: Day: _____ Date: _____ Time: _____
Class Location: Address: _____
City, State, Zip: _____
Instructor Name(s): _____
Comments: _____

4. Seminar/Course Title: _____ Tracking Number: _____
Class Schedule: Day: _____ Date: _____ Time: _____
Class Location: Address: _____
City, State, Zip: _____
Instructor Name(s): _____
Comments: _____

5. Seminar/Course Title: _____ Tracking Number: _____
Class Schedule: Day: _____ Date: _____ Time: _____
Class Location: Address: _____
City, State, Zip: _____
Instructor Name(s): _____
Comments: _____

Submitted to the LREC by _____ Date _____

(Name/Signature of Authorized Representative)

