



Home Inspection Pre-Qualification School

117 Madison St, Gillespie, IL 62033
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Phone: 217-839-3375
www.HIPQS.com

REGISTRATION FORM

To register, please complete the information below.

Full Name _____

Date of Birth ____/____/____ SS# ____ - ____ - ____
(required by the State of IL)

Phone _____

Address _____

Email _____

_____ Home Study Course ____ @ \$975.00 = _____

_____ 80 Hour Classroom Course \$2150.00 _____

_____ Continuing Ed ____ Hrs @ \$75. each = _____
Quantity discounts available, Call

Total Amount Due \$ _____

Select a payment method below. Please note – Registration fees are non-refundable.

_____ Check enclosed for \$ _____

_____ Please charge \$ _____ to my credit card.

Type of card: MC__ Visa__ Discover__ AMEX__

CC# _____

Exp. _____ CCV _____ (3 digit security # on back of card
or 4 digits on front for AMEX)

Signature _____

Please send this completed form along with payment to:

HIPQS Registration
117 Madison St
Gillespie, IL 62033