


# Foreclosures/Short Sales/Liens

Join PAR for this hot topic **6 hour MRE/CE credit** course!

**Short Sales & Foreclosures...** No doubt you've heard of one! This course covers the fundamentals of the foreclosure process, Colorado lien laws, and the basics of a short sale, including exercises and scenario examples to better illustrate all the discussion points. The latest related Commission laws & forms will be covered as well as the Colorado Foreclosure Protection Act.

*Course includes:*

- How Colorado Liens are Defined, Perfected and Prioritized
- Description of the Foreclosure process & Involuntary Liens
- Foreclosure laws that became effective in 2008 through 2010
- Foreclosure impacts and the effects on real estate brokers
- The Colorado Foreclosure Property Addendum
- Discussion about the trials and tribulations of short sales
- Analysis of the Colorado Short Sale Addendum
- Course counts for 6 hrs CE & MRE credit delivered by 

**Instructor – Damian Cox, Esq.**

**September 23, 2010 - 9:00 am-4:00 pm**

**Pueblo Association of REALTORS® - 2220 Kachina Dr. Pueblo, CO 81008**

## Registration:

**Student Name:** \_\_\_\_\_ **NRDS #** \_\_\_\_\_  
(National REALTOR® Database System)

*\*NRDS # can be obtained from local association and must be provided to receive member's tuition rate.\**

**Office Name:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**City & State & Zip Code:** \_\_\_\_\_

**Office Tel. #:** \_\_\_\_\_

**Home Tel. #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

*ADA: Do you have any disabilities, which require special accommodations, including the provision of auxiliary aids and services? If so, please indicate below:*

**(Non-members only)** ~ License #: \_\_\_\_\_  
and/or SSN #: \_\_\_\_\_

### Please check below:

I am not a REALTOR® member.

I am a member of the:

\_\_\_\_\_ Board/Association of REALTORS®.

**Payment Method:** (\$80/members, \$95/non-members)

**Make checks payable to:**

**Pueblo Association of REALTORS (PAR)**

Check # \_\_\_\_\_ or Visa \_\_\_\_\_ MC \_\_\_\_\_

Card # \_\_\_\_\_

CVV# \_\_\_\_\_

Billing Address \_\_\_\_\_

Credit card Expiration date: month \_\_\_\_\_ year \_\_\_\_\_

Signature \_\_\_\_\_



**Fax this form to the PAR office at 719-545-3668**

**FOR CONFIRMATION PLEASE CALL PAR OFFICE.**

