# Loveland-Berthoud Association of REALTORS®

# 2026 Annual Commission Update

**Monday, January 12, 2026**
**Monday, February 9, 2026**
**Monday, March 9, 2026**
**Monday, April 13, 2026**

**Class Time for All Classes:**
**8:30 a.m. – 12:30 p.m.**

**Location:**
**LBAR Office-730 N. Railroad Ave.**

**Cost: $40.00**
**Instructor: David Powell**

**COMMISSION UPDATE COURSE**

**Requirement for all active licensees (4 Hours)**

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To receive continuing education credit, students must attend the full course. Any student arriving 10 minutes after the class has started may stay for the class but will not receive CE credit. Students must achieve a 70% or better on any required tests to receive credit. If a student fails, they will receive notice with the requirements and the instruction on how to retake the exam. This class requires pre-registration and full payment by registration deadline, which is 3 days before the class.
**Refunds:** If the course is cancelled, or the student withdraws at least 7 days prior to the course, a full refund will be issued. Cancellation at least 5 days prior to the class will result in a refund of the fee less a 25% cancellation charge. If the student fails to appear for a class or cancels less than 5 days prior, no refund will be issued. Any refund due to the student will be issued within 30 days of cancellation, subject to receipt of a written request.

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**Date of class:** _____

**Name:** _____

**Office:** _____

**Address:** _____**City:**_____**Zip:**_____

**Phone:** _____ **E-Mail**_____

**License # (***include letters***)** _____

**Make checks payable to:** **LBAR** **Check#**_____ ☐ **Visa** ☐ **MC** ☐ **DISCOVER**

**#**_____**Exp. Date:** _____
**Home Street Address or Address your credit card bill is mailed: (required for using credit card):**

_____
**Street** **Zip Code** **V-Code (last 3 digits on back of card)**

**Signature:** _____

**Mail or email to:** LBAR, **730 N. Railroad Ave, Loveland, CO 80537 - Phone: (970) 669-1822**

**Email:** **admin@lbaronline.com** If you have disabilities which require special accommodations, including the provision of auxiliary aids and services, please indicate:
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