

AAS Case Study Review Workshop

Name: _____

Entity: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

PAYMENT

Cost: **\$275.00**

Send check and registration form to:

**El Paso Central Appraisal District
Attn: Administration Department
5801 Trowbridge Drive
El Paso, Texas 79925**