



# PROSPECT REGISTRATION FORM

Date: \_\_\_\_\_ Property: \_\_\_\_\_ Location: \_\_\_\_\_

Thank you for your interest in working with Avison Young-Atlanta, LLC as a cooperating broker. The following document is the registration request that will need to be filled out. We ask that you fill the information requested on the prospect you would like to register for the designated hotel listing. Each registration is for one property only (listed above) at this time only. This registration form along with the registration of your prospect will expire in 6 months. Avison Young reserves the right to accept or decline any registration; you will be notified either way.

Once this document is completed and returned to Avison Young we will confirm that there is no discrepancy with a prospect currently known to Avison Young. If there is no conflict with the prospect you have registered, we will forward a co-brokerage agreement to you that will need to be executed by the prospect as well as your real estate firm. Thank you for your cooperation in this matter.

Brokers Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_

Prospect's Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_

**Any Partners or Affiliates of Prospect with whom the property information will be shared:**

Brokers Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_

Prospect's Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_

**INSTRUCTIONS:** Please email to [matt.wilkins@avisonyoung.com](mailto:matt.wilkins@avisonyoung.com) or fax to the attention of Matt Wilkins at (770) 692-1608

I have read and understand the conditions of co-brokerage. Avison Young reserves the right to accept or decline any registration.

X \_\_\_\_\_  
Signature of Broker Date

\_\_\_\_\_  
Print name Company Name