

**RECIPROCAL PARTICIPANT:**  
**INFORMATION REQUIRED TO INPUT A LISTING**

(Please print clearly or type)

1. OFFICE NAME: \_\_\_\_\_
2. OFFICE ADDRESS: \_\_\_\_\_
3. OFFICE PHONE NUMBER: \_\_\_\_\_
4. OFFICE FAX NUMBER: \_\_\_\_\_
5. DESIGNATED BROKER: \_\_\_\_\_
6. LISTING AGENT NAME: \_\_\_\_\_
7. LISTING AGENT PHONE/PAGER# \_\_\_\_\_