



A S S O C I A T E S

CRUELTY INVESTIGATORS ACADEMY REGISTRATION FORM

Student Name _____

Agency _____

Agency Address _____

Mailing address if different _____

Agency Telephone Number _____

Cell Telephone Number _____

Fax Number _____

E-mail _____

Registration: (Reduced through May 2011, regularly \$600.00)

CLASS COST **Level I** \$400 **Level II** \$450 **Level III** \$450

CLASS LOCATION _____

CLASS DATE _____

Payment Information:

Type of payment: Check Visa MasterCard Discover

If paying with credit card:

Account Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____

Billing: _____

Name of card holder: _____

Total Enclosed: \$ _____

*Registration Form must be received
to confirm enrollment.*

Mail or Fax to:
Code 3 Associates Inc.
1530 Skyway Drive
Longmont, CO. 80504
Fax (303) 485-6210

Registration should be received at least 30 days prior to class start date.

A 25% fee will be assessed on any cancellation made TWO WEEKS or less prior to class date.

Payment is due and credit cards will be charged the first day of class. Checks will not be cashed prior to class start date unless otherwise requested.

Office Use Only:

Date Received: _____ Confirmation Sent: _____ Initials: _____