

CODE 3 ASSOCIATES, INC.
Equine Investigations Academy Registration
(Please Type or Print Legibly)

Name _____ Title _____

Agency _____

Agency Address _____

City _____ State _____ Zip _____

Agency Phone _____ Cell Phone _____

Fax Number _____ E-mail _____

Dates of Course: _____

Location of Course (check one): Durango, CO Middleburg, VA

Course Fee: \$ _____

Circle or fill in appropriate fields:

Sex: Male Female **Smoker:** Yes No **Diet:** Omnivore Vegetarian Vegan

Room: Private Shared **T-Shirt Size:** _____ (S-2XL)

Make all checks payable to **Code 3 Associates**. Please return registration information by mail or FAX no later than 15 days prior to course start date. If you have any questions or concerns please contact us and we will assist you in any way possible.

Code 3 Associates, Inc.
1530 Skyway Drive
Longmont, CO 80504
(303) 772-7724
FAX: (303) 485-6210
Email: code3@code3associates.org

Register early as courses fill up quickly. Confirmation of receipt of registration will be sent by US Mail. **A 25% non-refundable fee will be assessed on any cancellations made within 15 days prior to the start of course.**

Mailing address for confirmation if different from agency address:

Office Use Only
Date Received _____ Confirmation Sent _____ Initials _____