

  
A S S O C I A T E S  
**TRAINING REGISTRATION FORM**

Student Name \_\_\_\_\_

Agency \_\_\_\_\_

Agency Address \_\_\_\_\_

Mailing Address if Different \_\_\_\_\_

Agency Telephone Number \_\_\_\_\_

Cell Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

**Course Name** \_\_\_\_\_

Dates of Course \_\_\_\_\_

Location of Course \_\_\_\_\_

**Course Fee \$** \_\_\_\_\_

Preferred Method of Confirmation  Email  Fax  Postal Mail

*Registration Form must be received  
to confirm enrollment.*

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

If you have any questions or  
concerns please contact us and will  
assist you in any way possible.

*Registration Form must be received no later than  
15 days prior to course start date. **Payments  
may not be made prior to 30 days of the  
course start date.***

**A 25% fee will be assessed on any  
cancellation made within 15 days prior to the  
start of course.**

Payment is due the first day of class.

Register early as courses fill up quickly.  
Confirmations will be sent by US Mail, Fax or  
Email as requested.

**This registration form is NOT for EIA or CIA courses.**

Office Use Only:

Date Received: \_\_\_\_\_ Confirmation Sent: \_\_\_\_\_ Initials: \_\_\_\_\_