


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: _____