

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

FAX #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Location and Level: \_\_\_\_\_

Course Fee: \$ \_\_\_\_\_

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**Circle or fill in appropriate fields:**

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

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

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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.**  
**1456 Skyway Drive**  
**Longmont, CO 80504**  
**(303) 772-7724**  
**FAX: (303) 485-6210**  
**Email: info@code3associates.org**

Register early as courses fill up quickly. Confirmation of receipt of registration will be sent by U.S. mail, FAX or Email, as requested. **A 25% non-refundable fee will be assessed on any cancellations made within 15 days prior to the start of course.**

**Confirmation packet will be sent via email.**

**Address for Email if different from address above:**

\_\_\_\_\_  
\_\_\_\_\_

*Office Use Only:*  
Date Received: \_\_\_\_\_ Confirmation Sent: \_\_\_\_\_ Initials: \_\_\_\_\_