



TRAINING REGISTRATION FORM

Student Name _____

Agency _____

Agency Address _____

Mailing Address if Different _____

Agency Telephone Number _____

Cell Telephone Number (required) _____

E-mail _____

Course Name _____

Dates of Course _____

Location of Course _____

Course Fee \$ _____

*Registration Form must be received
to confirm enrollment.*

Send or Fax to:
Code 3 Associates Inc.
1456 Skyway Drive
Longmont, CO. 80504
(303) 772-7724
Fax (303) 485-6210
info@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.*

Payment is due on or before the first day of class,
but may not be made prior to 30 days of the
course start date. Checks can be made payable
to Code 3 Associates.

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

Register early as courses fill up quickly.

Confirmations will be sent via email.

This registration form is NOT for EIA or NACHO courses.