



EQUINE INVESTIGATIONS ACADEMY REGISTRATION FORM

Name: _____ Title: _____

Agency: _____

Address: _____

Agency Phone: _____ Cell Phone (required): _____

FAX: _____ Email: _____

Select one: EIA Level 1 EIA Level 2

Dates of Course: _____ Course Fee: \$ _____

Please mark or fill in appropriate fields:

Sex: Male Female **Smoker:** Yes No **Room:** Private Shared

Diet: Omnivore Vegetarian Vegan Other/Food Allergies: _____

T-shirt Size: _____ (S-XXL)

Make all checks payable to **Code 3 Associates**. Please return registration information by mail, email 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) 746-1801
FAX: (303) 485-6210
Email: info@code3associates.org

Register early as courses fill up quickly. 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. Please provide email address for confirmation if different from address above: _____