



TRAINING REGISTRATION FORM

Student Name _____

Agency _____

Agency Address _____

Mailing Address if Different _____

Agency Telephone Number _____

Cell Telephone Number (required) _____

E-mail _____

Course Name (and Module, if applicable) _____

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 courses.