

COMPLIANCE ASSURANCE ASSOCIATES, INC.

SMOKE SCHOOL REGISTRATION

Company: _____ School Location and Date: _____

Street: _____ City: _____ State: _____ Zip: _____

Primary Contact: _____ Phone: _____

Contact's email: _____ Fax: _____

OFFICE USE

DIBS	Company #	Invoice #	CC Confirmation	Confirmation

Please go to www.compliance-assurance.com or call (901) 381-9960 for current pricing.

Name	Email Address	Field Only	Field & Lecture	Lecture Only	Tuition Amount
1)					
2)					
3)					
4)					

Total	
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Fax completed form to (901) 381-9958.

Late Registration Fee: \$25.00 per student late fee when registering less than 14 days before the school.

Compliance Assurance Associates, Inc.
1395 North Willett St.
Memphis, TN 38108

Fax: (901) 381-9958
Phone: (901) 381-9960
email: registrar@compliance-assurance.com

For school schedule, directions, inclement weather policy and general information, visit our website and click on schools. www.compliance-assurance.com

PAYMENT INFORMATION

___ VISA ___ MasterCard ___ Discover ___ AMEX

Card Number _____ Exp. Date ___/___ Name _____

___ Check to be mailed. ___ Please invoice. Purchase order number _____