

# 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

Name	Email Address	Field Only \$175.00	Field & Lecture \$200.00	Lecture Only \$100.00	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](http://www.compliance-assurance.com)

### PAYMENT INFORMATION

VISA     MasterCard     Discover     AMEX

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ Name \_\_\_\_\_

Check to be mailed.     Please invoice.    Purchase order number \_\_\_\_\_