

# 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](http://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	
-------	--

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

**Late Registration Fee:** \$25.00 per student late fee when registering less than 5 days before the school.

**Compliance Assurance Associates, Inc.**  
682 Orvil Smith Rd.  
Harvest, AL 35749

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

For school schedule, directions, inclement weather policy and general information, visit our website: [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 \_\_\_\_\_