



# CATC Exam Prep Workshop

**Location:** 5230 Clark Avenue, Suite 14, Lakewood, CA 90712

**Date:** Saturday, November 19th, 2016

**Time:** 9:00am - 1:00pm

*Continental Breakfast will be provided*

**Fax:** (562) 275-3494      **Email:** office@caade.org

**PLEASE PRINT CLEARLY**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

ADS School: \_\_\_\_\_

**Workshop Fee: \$50**

*Please submit this registration form with your PayPal/credit card receipt, check or money order payable to:*

**CAADE**

*Seats are reserved on a first come, first come serve basis for those who submit this form AND payment.*

Paying online alone does not register you. Please email or fax your registration form with payment receipt.

You will receive a confirmation email verifying that a seat has been reserved for you. If you do not receive a confirmation email from the CAADE Office, you are NOT registered. This does not include your payment receipt email if you pay by PayPal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please Do Not Write Below This Line – Office Use Only