



CATC Exam Prep Workshop

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

Date: Friday October 6th, 2017

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

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Please Do Not Write Below This Line – Office Use Only