

Registration Form
CALA Class
Please Print Clearly

Name: _____

Email Address: _____

Home Address: _____

City: _____

State, Zip: _____

Work Number: _____

Home Phone: _____

Cell Phone: _____

I am interested in the following class:

Deposit
\$250.00

Nonrefundable– Please mail with this registration form.

Final Payment: \$1,250.00 (course start date)

Fee includes: 56 hour course, manuals, extra study tests, continental breakfast and lunch each day,

TOTAL FEE: \$1,500.00