



Desktop Publishing & Media Services

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REGISTRATION FORM

Name: _____ Phone: _____

Company: _____

Address: _____

City: _____ St: _____ Zip: _____

Email: _____

Code	# of People	Date	Cost/person	Total Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

GRAND TOTAL: _____

Make payment to: Alan Larson & Associates

Check

Visa

MasterCard

Name on Card: _____

Card #: _____

Expiration Date: _____

Authorized Signature: _____

**Cancellations must be made within 48 hours of the class start time to be refunded.
Cancellations are subject to a non-refundable processing fee of \$10.**