

REGISTRATION

To register for any of the courses offered by C.A.T.S. of Albany, please complete the information required below and return this form, along with the required deposit, to: **P.O. Box 226, Clifton Park, NY 12065.**

COURSE: LICENSED HOME INSPECTION TRAINING

PROGRAM: _____

MODULE (S): _____

COURSE START DATE

FIRST NAME

LAST NAME

STREET ADDRESS

CITY

STATE & ZIP CODE

PHONE NUMBERS

EMERGENCY CONTACT

E-MAIL ADDRESS

DRIVER'S LICENSE

FOR OFFICE USE ONLY (DO NOT WRITE IN THIS AREA)

STUDENT ID #

TOTAL AMOUNT

DEPOSIT

 CHQ. ___ CASH ___

BALANCE