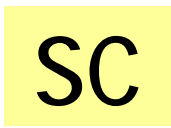


**CAROLINAS INDEPENDENT  
AUTOMOBILE DEALERS ASSOCIATION**  
704-455-2117 or 1-800-432-4232  
SOUTH CAROLINA  
DEALER PRE-LICENSING TRAINING



**REGISTRATION FORM** Rev 01/03/11

**PLEASE SELECT ONE OF THE FOLLOWING:**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Jan 27, 2011<br>Lexington, SC    | <input type="checkbox"/> April 28, 2011<br>Lexington, SC | <input type="checkbox"/> July 21, 2011<br>Lexington, SC     | <input type="checkbox"/> October 13, 2011<br>Lexington, SC |
| <input type="checkbox"/> March 15, 2011<br>Darlington, SC | <input type="checkbox"/> June 1, 2011<br>Charleston, SC  | <input type="checkbox"/> September 27, 2011<br>Anderson, SC | <input type="checkbox"/> December 1, 2011<br>Lexington, SC |

**COST: \$350.00 per person (includes materials, lunch and 1 year CIADA Membership worth over \$1800)**

**PLEASE NOTE:** Registration should be for current or anticipated **owner or officer** of company. No registrations will be accepted without prior payment. Cancellations must be made **72 hours** in advance in order to receive a refund **MINUS \$50.00**. If you do not cancel and do not attend the class, you **will not receive a refund** and will have to pay the **full fee to reschedule**. If you wish to **transfer** to another class you will be charged a **\$50.00** transfer fee and 72 hour notice is required. **On-Site/Late Registrations** (received less than 72 hours prior to class date) will be charged a **\$50.00** On-Site/Late Registration Fee.  
*CIADA education classes are not affiliated with any other dealer training programs.* \_\_\_\_\_ **Date** \_\_\_\_\_

Name as it appears on your Drivers License _____		Date of Birth _____	
Mailing Address _____		Drivers License Number _____	
City _____	State _____	Zip _____	
Day Time Phone Number or Cell Phone Number _____	Fax _____	Email _____	
Do you plan to go into business with anyone registered for this class or who has already taken this class? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, please list Name _____			
Have you been through a CIADA Dealer Pre-Licensing class before? YES <input type="checkbox"/> NO <input type="checkbox"/> WHEN _____			

**By completing this form, I am consenting to and giving CIADA, it's affiliates and subsidiaries, my permission to contact me and provide information to me at the mailing and e-mail addresses, telephone and fax numbers I have provided.**

**PERSONAL CHECKS WILL NOT BE ACCEPTED. PAYMENT METHOD:** CASH, CASHIERS CHECK, MONEY ORDER OR CERTIFIED CHECK made payable to CIADA. You may also pay by phone with a credit card or fax this form to 1-800-992-4232. **VISA or MasterCard only.**  
**PLEASE NOTE:** IF SENDING BY REGULAR MAIL, SEND TO P.O. BOX 1088, HARRISBURG, NC 28075. IF SENDING BY FEDEX, UPS, DHL OR AIRBORNE EXPRESS, PLEASE SEND TO 5643 HARRISBURG INDUSTRIAL PARK DRIVE, HARRISBURG, NC 28075.

Credit Card #

Expires \_\_\_\_\_ Security Code \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

<input type="checkbox"/> VISA	<input type="checkbox"/> \$350.00 Reg Fee
<input type="checkbox"/> MSCD	<input type="checkbox"/> \$ 50.00 Additional On-Site Reg Fee
APPROVAL CODE _____	LAST 4 DIGITS OF CARD # _____
AMOUNT _____	DATE _____
FOR ADMIN USE ONLY	