

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



SC

REGISTRATION FORM

Rev 04/22/10

PLEASE SELECT ONE OF THE FOLLOWING:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Jan 27, 2010
Lexington, SC | <input type="checkbox"/> April 29, 2010
Lexington, SC \$325.00 | <input type="checkbox"/> July 22, 2010
Lexington, SC \$350.00 | <input type="checkbox"/> October 14, 2010
Lexington, SC \$350.00 |
| <input type="checkbox"/> March 18, 2010
Lexington, SC | <input type="checkbox"/> June 3, 2010
Lexington, SC \$350.00 | <input type="checkbox"/> September 2, 2010
Lexington, SC \$350.00 | <input type="checkbox"/> December 2, 2010
Lexington, SC \$350.00 |

COST: April 29, 2010 Class: \$325.00 per person  **June 3, 2010 Class and forward: \$350.00 per person**

PLEASE NOTE: A confirmation letter will be mailed within two weeks of your registration being received by CIADA. 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** Late Registration Fee. _____ **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"/> \$325.00	<input type="checkbox"/> \$350.00 Reg Fee
<input type="checkbox"/> MSCD	<input type="checkbox"/> \$ 50.00 Additional Late Reg Fee	
APPROVAL CODE _____		LAST 4 DIGITS OF CARD # _____
AMOUNT _____		DATE _____
FOR ADMIN USE ONLY		