



## California Sales Training Academy Registration Form

Please register me for the next available class. I understand that I will be contacted by phone about one week prior to the start of class for confirmation of dates and attendance.

*Please Print*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apt./Unit: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Week of course you  
wish to attend: \_\_\_\_\_

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Please fax or mail this form to:

California Sales Training Academy  
c/o New Car Dealers Association of San Diego  
10065 Mesa Ridge Court  
San Diego, CA 92121

Fax: 858.550.9537