



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: _____

Please fax or mail this form to:

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

Fax: 858.550.9537