

**American Mobile Drug Testing
A DRUG FREE ALLIANCE, INC. (D. F. A.)**

Drug and Alcohol Testing Services and Compliance Programs

SUPERVISORY
**REASONABLE SUSPICION
DRUG AWARENESS TRAINING CLASS**

*Location: please refer to calendar on web site www.amdt-adfa.com
Phone (208) 457-8789 * Fax: (208) 773-5773*

To attend the training class, please Call Anita Hoover with A Drug Free Alliance at (208)769-7021 to RSVP for class enrollment, or **fax** this completed form to (208) 665-0068.

Please send your payment (**\$45.00 per person, non-refundable**) along with this form to: A Drug Free Alliance, 1200 W. Ironwood Dr., Suite 309, Coeur d' Alene, ID 83814.

1.
Name of Company: _____

Name of attendee: _____
(please print exactly as you would like to see on your certificate)

2.
Name of Company: _____

Name of person to attend: _____
(please print exactly as you would like to see on your certificate)

3.
Name of Company: _____

Name of person to attend: _____
(please print exactly as you would like to see on your certificate)

Amount enclosed: \$_____