

**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 (509) 921-2730 * Fax: (509) 892-6924*

To attend the above class, please Call Kari or Kathy with A Drug Free Alliance at (509) 921-2730 to RSVP for class enrollment, or **fax** this completed form to (509) 892-6924.

Please send your payment (**\$45.00 per person**) along with this form to: A Drug Free Alliance, 10905 E. Montgomery, Suite 4, Spokane, WA 99206. All payments are non-refundable.

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: \$_____