

**Enroll in the CPO Course Today...
Space is Limited!**

Visit/register at my website:

www.cpo-services.net

Name: _____

**Address/e-mail to send your confirmation
information (provide business name and
address if you wish to receive your information
at work):**

Business Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

E-mail: _____

Phone: _____

Course Location/Date: _____

Payment (circle one): Visa or Mastercard

Card Number: _____

Expiration Date (month/year): _____

Name on Card: _____

**If paying by check, make your check payable to:
CPO Services and mail it and this registration form to:**

CPO Services

334 Norlick Dr.

Bryan, OH 43506

Or fax this form to: 419-485-5420