

“CONTENTS: SALVAGABILITY VS: TOTAL LOSS”
CE COURSE: #41784



ALL DISASTER SERVICES
REGISTRATION FORM

NAME: _____
(last) (first)

**FIRM/
AGENCY:** _____

POSITION: _____

**FIRM/AGENCY
ADDRESS:** _____
(address)

CITY/STATE: _____
(city) (state)

ZIP: _____

PHONE: _____

EMAIL ADDRESS: _____

PLEASE FAX TO ADS 440-732-7688.