

Training Registration Form & Agreement

Type of Class (Circle): Workshop Training Session _____

Class Number(s) You Want (Circle): W1 W2 W3 W4 W5 T1 T2 T3 T4 TM _____

Location: Fenestration Testing Laboratory, 10235 8th St., Rancho Cucamonga, CA 91730 _____

Certificate Class: Yes _____

Registrant Company Name: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Cost of Class: Workshops \$250/Person, Training Sessions \$2800/Person, Quantity Discounts Available _____

Number of Attendees: _____

Attendee Names:

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

6.) _____

Requested Dates of Instruction (Write Down):

Authorized Company Representative's Name: _____

Authorized Company Representative's Signature: _____

Date: _____

Title: _____

Terms of Payment: Due upon Receipt , No Exceptions

Accepted Forms of Payment: Visa, MasterCard, Discover, American Express, Company Check

*****NOTE: PLEASE FAX COMPLETED FORMS TO 909-477-4348*****