



## COURSE REGISTRATION

How did you hear about us? \_\_\_\_\_

Are you a member of IAQA?    YES    NO

Course Name: \_\_\_\_\_

Course Date: \_\_\_\_\_

Location: \_\_\_\_\_

### COMPANY INFORMATION:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### ATTENDEE INFORMATION:

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### PAYMENT INFORMATION:

Price: \$ \_\_\_\_\_      Check enclosed payable to IAQ Training Institute, LLC

Charge my:    Visa    Mastercard    Amex

Card #: \_\_\_\_\_      Expires: \_\_\_\_\_

Three or four digit # on front/back of card: \_\_\_\_\_      Zip Code for CC: \_\_\_\_\_

Registrations are only guaranteed upon receipt of payment.

### RETURN TO:

IAQ Training Institute, LLC • 333 South Shore Trail, Central City, PA 15926  
Phone 814-754-4808 or toll free 866-427-4727 • Fax 814-754-4093  
dotty.hughes@iaqtraining.com

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