

**REGISTRATION FORM**  
**Statute Update Seminar (4 hrs.)**  
**Monday, June 1, 2009**

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Company Address \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

IMPORTANT: This Company is a MEMBER of IMHA-RVIC  Yes  No

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

Email \_\_\_\_\_ Note: A Fax number OR Email required for confirmation/directions.

**Seminar Fee Schedule**

Attendees employed by an IMHA member company \$200 / person

Attendee employed by a non-member company \$325 / person

**Attendee Names**

**IMPORTANT NOTES: Please print attendees' names as they appear on the person's installer license. Your Installer License and Driver's License ARE NEEDED AT THE SEMINAR for identification.**

<u>Name</u> [As appears on driver's license]	<u>Installer License Number</u>	<u>Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Registration Fee: \_\_\_\_\_

Space is absolutely limited to the first 20 paid registrants.  
Seminar will be filled on a FIRST COME – FIRST SERVED BASIS.

**IMPORTANT NOTES:**

1. Payment **MUST** accompany registration form to reserve the space(s).
2. Reservation cancellation less than 7 days prior to the seminar are non-refundable.
3. Persons with special physical needs should notify the IMHA office at the time of reservation.
4. Anyone arriving late will not be admitted to the seminar.

**Seminar Location**

IMHA Headquarters  
3210 Rand Road  
Indianapolis, IN 46241

**Date**

Monday, June 1, 2009  
8:00 a.m. – 12:30 p.m.

**Method of Payment**

\_\_\_\_\_ I have enclosed my check made payable to IMHA-RVIC

Please Charge \$ \_\_\_\_\_ to my  Visa or  Master Card Account # \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Account \_\_\_\_\_ Signature of Card Holder \_\_\_\_\_

**Please mail, fax or email registration to: IMHA/RVIC**  
**Attention: Jim Keller**  
**3210 Rand Road**  
**Indianapolis, Indiana 46241**  
**Fax (317) 243-9174 or jim@imharvic.org**