

REGISTRATION FORM
Installation Technology 2010 Seminar (5 hrs.)
Wednesday, May 26, 2010

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 \$245 / person

Attendee employed by a non-member company \$345 / 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 30 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

Wednesday, May 26, 2010
9:00 a.m. – 3:00 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 jimkkeller@gmail.com