

REGISTRATION FORM

Installer Continuing Education – Transportation & Safety (4 hrs.)

Thursday, February 9, 2012 - 1:00 p.m. to 5:00 p.m.

Thursday, March 8, 2012 – 1:00 pm to 5:00 pm

Company Name _____ Contact Person _____

Company Address _____ City, State, Zip: _____

IMPORTANT: This Company is a CURRENT 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

Your Installer License and/or Driver's License ARE NEEDED AT THE SEMINAR for identification.

Table with 4 columns: Name [As appears on driver's license], Installer License Number, Cost, Class Date. Includes four rows of blank lines for data entry.

Total Registration Fee: _____

Space is limited to the first 18 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 cancellations 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. Please indicate which class you will be attending.

Seminar Location: IMHA Office, 3210 Rand Road, Indianapolis, IN 46241

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 fax or email registration to:

Fax (317) 243-9174 or email to: sue@imharvic.org
Or call Sue Bartee at 317-247-6258 x 14 with any questions.