

2017 - 2018

Training Registration Form



PARTICIPANT INFORMATION

Company Name: _____ Phone Number: _____

Attendee Name(s): _____

CLASS INFORMATION

Class Number: **T-453** Name of Class: **CSD-1 Training & Certification** Date of Class: **10/18/2017**

Total Number of People Attending _____ **X** Class Fee _____ = Total **\$** _____

PAYMENT INFORMATION

My Company is Enrolled in the Rheem Pro Partner Program

Please select a method of payment.

Charge to my Young Supply account

Account Number: _____ PO#: _____

Signature: _____

By signing above, I authorize Young Supply Company to bill my customer account for the above class

Cash / Check Check #: _____ *Please reference the class name & number and mail payment to the address indicated below*

Credit Card For your protection, please call the number listed below to process a credit card payment.

All classes are billed at the time of booking.

Please use the instructions below to determine where to send your completed registration form.

FOR TROY CLASSES

Please email, fax or mail this form to Carol Marchwinski

Address: 2237 Elliott Avenue, Troy, MI 48083

Email: cmarch@youngsupply.com

Fax: (248) 577-5224

FOR FARMINGTON CLASSES

Please email, fax or mail this form to Mark Richards

Address: 30600 8 Mile Road, Farmington, MI 48336

Email: mrichards@youngsupply.com

Fax: (248) 477-9532

Cancellation Policy: Full refund only if cancellation occurs at least 48 hours prior to class.

YSC Office Use Only:

Received: _____ Billed: _____ Added to Database: _____