

## INSTALLATION ESSENTIALS

- Hands on Introduction to LG Equipment
- Manufacturer Installation Guidelines
- Emphasis on Piping and Control Wiring
- Introduction to LG Monitoring View Software (LGMV)

**\$120**  
Per Attendee



## TRAINING SCHEDULE

**September 20-21, 2017**

8:30am-4:00pm daily

**October 18-19, 2017**

8:30am-4:00pm daily

**December 19-20, 2017**

8:30am-4:00pm daily

**February 20-21, 2018**

8:30am-4:00pm daily

**April 17-18, 2018**

8:30am-4:00pm daily

**May 9-10, 2018**

8:30am-4:00pm daily

**REGISTER BY COMPLETING  
THE FORM ON THE BACK**

All classes are held at the  
**YOUNG SUPPLY COMPANY BRANCH  
FARMINGTON TECH CENTER**  
30600 8 Mile Rd., Farmington, MI 48336



Hotel reservations can be made at the Holiday Inn Express  
2100 Haggerty Rd., Northville, MI 48167  
Use Corporate ID 100324327 for a discounted rate!



# 2017-2018 LG MULTI V



## REGISTRATION FORM

### PARTICIPANT INFORMATION

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company Address \_\_\_\_\_  
Street Address City State Zip

Attendee Name (first & last): \_\_\_\_\_ Email: \_\_\_\_\_

Attendee Name (first & last): \_\_\_\_\_ Email: \_\_\_\_\_

Attendee Name (first & last): \_\_\_\_\_ Email: \_\_\_\_\_

Attendee Name (first & last): \_\_\_\_\_ Email: \_\_\_\_\_

### CLASS INFORMATION

Name of Class: \_\_\_\_\_ Date of Class: \_\_\_\_\_

Total Number of People Attending: \_\_\_\_\_ **X** Class Fee: \_\_\_\_\_ **=** Total: \_\_\_\_\_

### PAYMENT INFORMATION

Please select a method of payment below.

**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 FAX OR EMAIL THIS FORM TO BRENT COX OR TURN IT IN TO YOUR LOCAL BRANCH**

Email: [bcox@youngsupply.com](mailto:bcox@youngsupply.com)

e-Fax: (586) 948-1703

By submitting this information you agree to allow an authorized Young Supply Company representative to use the above information for registering each attendee listed above prior to the date of the designated class; and for distributing certificates to all attendees pending successful completion of the designated class.

YSC Office Use Only:  
OE#: \_\_\_\_\_