



2018-2019



DFS04 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 MARK RICHARDS OR TURN IT IN TO YOUR LOCAL BRANCH

Email: mrichards@youngsupply.com

Fax: (248) 477-9532

Phone: (248) 477-4900

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#: _____