

2018 - 2019

Training Registration Form



PARTICIPANT INFORMATION

Company Name: _____ Phone Number: _____

Attendee Name(s): _____

CLASS INFORMATION

Class Number: _____ Name of Class: _____ Date of Class: _____

Check Here if You Are Taking This Class For CEUs

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.

SUBMIT THIS FORM TO

TROY CLASSES

Carol Marchwinski
2237 Elliott Avenue, Troy, MI 48083
Email: cmarch@youngsupply.com
Fax: (248) 577-5224
Phone: (248) 577-0442

FARMINGTON CLASSES

Mark Richards
30600 8 Mile Road, Farmington, MI 48336
Email: mrichards@youngsupply.com
Fax: (248) 477-9532
Phone: (248) 477-4900

TOLEDO CLASSES

Terry Barraclough
1915 Monroe Street, Toledo, OH 43604
Email: tbear@youngsupply.com
Fax: (419) 242-9491
Phone: (419) 242-9494

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

YSC Office Use Only:

Received: _____ Billed: _____ Added to Database: _____