

Class Registration Form



Yes! I would like to register for the following courses . . .

Course No.(s): _____ Date(s): _____

Course Title(s): _____

Training Center Location: _____

Attendee(s) Name(s): _____ Position/Title: _____

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Payment Must be Made in Full 2 Weeks in Advance of Scheduled Seminar

Credit card Card Type: _____

Credit Card Registered Address [Name, Street Address, City, State, Zip]: _____

Card Number: _____ Cv# [3-digit # on back of card] Exp. Date: _____

Name As It Appears on Card: _____ Amount Charged To Card: \$ _____

Purchase Order #: _____ **Company Check:** _____ **Personal Check:** _____

Referred By: _____ Company: _____

Complete this registration form. Send it via email by clicking on the location below or fax it to your nearest training center. You will receive confirmation of bookings.

World Class Training Centers

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Angie Funk
email: patraining@spirax.com

Columbia, SC
1150 Northpoint Blvd
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Rebecca Majeski
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For additional information call the appropriate Training Center or visit our web site at www.spiraxsarco.com/us

For Internal Purposes Only: Confirmation Letter Sent: _____ Date: _____