Training Registration Form

Student In	formation				
(Please print	or type, items in bold	MUST be filled out to	o register)		
Student Name:					How did you hear about us?
Company:					☐ Counter
Address:					☐ Salesperson
City, State, Zip:					☐ Mail
Work Phone					<u> </u>
Fax:					Internet
E-Mail:					Other
Class Preferences and Dates Please indicate which class(es) and date of class Class: Date: Class: Date:					
Select Two:	dicate below which exact CORE: Air Conditioning: Heat Pumps: Gas Heating: Other:		Installation □ □ □ □ □ □ □		OMFORT AIR DISTRIBUTING
Billing Chask made marrable to Comfort Air is attached.					COFFEE
Check made payable to Comfort Air is attached: MC Credit Card Information: (circle one) VISA MC					g ^r
	•	·			V-Code:
Card Number:Cardholder's Name:			•		
	(if existing customer):				
	(ii existing eustomer).				
	to be billed:				
Total allioulli					
	Piease	fill out and fax l) ack to 505-5!	ソソー1ひづソ	

Class Policies

Payment Policy: All classes will be billed at the time of registration. If you are a current customer, we can bill your account, otherwise a check is due at the time of registration. MasterCard and Visa are also accepted.

Cancellation Policy: If you are unable to attend the class, a notice of 24 hours is required in order to receive a full refund. Please call Patty Moore at 303-399-1752. No shows will not receive any refunds.

Attendance Policy: There will be no admittance to classes five minutes after the class has started. Late attendees will not receive a refund, so please be on time.

SUBMIT FORM

Questions? Call 303-399-1752 Check out our class offerings at www.ComfortAir Distributing.com