

# CFESA 2009 TRAINING REGISTRATION FORM

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Make copies of this form to use for additional attendees or multiple classes.

Please fax this form to 336-346-4745 Attention: Heather Price

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact name: \_\_\_\_\_

Attendee name: \_\_\_\_\_

Which class or classes are you registering for: (Please check box)

Installation Training  
October 2 - 3, 2009  
Duke Power Customer Resource Center  
Charlotte, NC

Refrigeration Training  
September 28 - October 1, 2009  
Duke Power Customer Resource Center  
Charlotte, NC

EGS Training  
September 28 - October 3, 2009  
Duke Power Customer Resource Center  
Charlotte, NC

Advanced Management Training  
September 21 - 23, 2009  
Platinum Hotel  
Las Vegas, NV

Transportation to and from training facility:

If you are staying at the designated hotel, CFESA will provide shuttle transportation to and from the training facility. The shuttle leaves at 7:15 a.m. each morning of the training class. (EGS, Installation & Refrigeration classes only).

Do you need shuttle service? \_\_\_\_\_ Yes \_\_\_\_\_ No

As a representative of my company I understand that by completing and submitting this CFESA no Solicitation Tolerance Policy my company and all its employees agree that no solicitation of technicians or employees of any kind will take place before, during or after the training sessions. If this does happen all of my employees will no longer be eligible for CFESA Certification.

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## CREDIT CARD BILLING INFORMATION

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Credit Card Number: \_\_\_\_\_

Name on the Credit Card: \_\_\_\_\_

Billing Address of the Credit Card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_