**Training Registration Form**

# **Space is limited, so sign up early.**

Please fill in the information below and return by email ([afrey@edeinst.com](mailto:afrey@edeinst.com)) contact us by phone (970) 292-8207

Please check the box for the course or course attended.

|  |
| --- |
| Monthly Refresher Course |
| User Group/Custom Seminar |
| NETA Short Course |
| Beginner Electrical Diagnostics |
| Intermediate Electrical Diagnostics |
| Advanced Electrical Diagnostics |
| Level 1 Infrared for Elec. & Mech Systems |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Contact Person |  | | | | | |
| Name |  | | | | | |
| Address |  | | | | | |
| City |  | ST |  | | Zip |  |
| Student 1 |  | Email | |  | | |
| Student 2 |  | Email | |  | | |
| Student 3 |  | Email | |  | | |

**Payment Terms: PO, Credit Card, Company Check**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Purchase Order # | *(Please email PO to afrey@edeinst.com)* | | | |
| https://encrypted-tbn2.gstatic.com/images?q=tbn:ANd9GcQfP1KLdfRymW82exqsR5NwPRE4yCMVVRhe1fTESY8uHIvZesRQGA | Card Number | | | Exp Date |
|  | Name | | | CID |
|  | Billing Address | | | |
|  | City | ST | Zip | |
| Company Check | Number | **Mail to**: EDE Electric Motor Testing  418 8th Street SE, Unit A-2  Fort Collins, CO 80537 | | |
|  |

**Terms & Conditions:**

Payment in full is required to hold reservation. Cancellation must be given one week in advance of date for refund, reservation will be confirmed once funds have cleared. Host holds the right to reschedule or cancel seminar and payment will be refunded in full. A 3% charge will be applied to any credit card refund.