

# Amerimid

## Backflow Training Experts

Office: 303-261-1277 or 866-980-8768 FAX: 303.537.0129

e-mail: training@backflowtrainingexperts.com

15430 E. Batavia Dr, Suite B, Aurora, CO 80011

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### **CLASS REGISTRATION --- 2013**

Date: \_\_\_\_\_

#### Student Information:

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

Cell Phone: \_\_\_\_\_

ABPA Cert. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

ASSE Cert. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#### Employer Information ( Required )

Company/Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

#### Class Information

201, 40 hour initial training, \$750.00, Date of Class: From \_\_\_\_\_ To \_\_\_\_\_

204, 20 hour review, \$525.00, Date of Class: From \_\_\_\_\_ To \_\_\_\_\_

Other, \_\_\_\_\_ Date of Class: From \_\_\_\_\_ To \_\_\_\_\_

#### Payment Method

Check # \_\_\_\_\_ Makes Checks payable to: Amerimid Consulting Services, Inc

P.O.# \_\_\_\_\_ (Payment is due prior to the start of class unless other arrangements have been made)

Credit Card:  Visa  Mastercard

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Name on card: \_\_\_\_\_

#### Please Note

- ❖ STUDENT MUST HAVE HIGH SCHOOL DIPLOMA OR GED.
- ❖ STUDENT MUST BE SPONSERED BY A COMPANY/EMPLOYER.
- ❖ SUBMIT THIS FORM A MINIMUM OF TWO (2) WEEKS PRIOR TO CLASS START DATE. PAYMENT IS DUE PRIOR TO THE START OF CLASS.
- ❖ YOUR SEAT IS HELD ONLY WITH PAYMENT
- ❖ THE CLASS IS FILLED ON A FIRST COME FIRST SERVED BASIS. CLASS SIZE IS LIMITED TO APPROXIMATELY 15 STUDENTS.
- ❖ PLEASE FAX (303.537.0129), EMAIL (TRAINING@BACKFLOWTRAININGEXPERTS.COM) OR MAIL REGISTRATION