

Training Registration Form

Student Information

(Please print or type, items in bold MUST be filled out to register)

Student Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Work Phone: _____

Fax: _____

E-Mail: _____

How did you hear about us?

- ☐ Counter
☐ Salesperson
☐ Mail
☐ Internet
☐ Other

Class Preferences and Dates

Please indicate which class(es) and date of class

Class: _____ Date: _____ Location: _____

Class: _____ Date: _____ Location: _____

Class: _____ Date: _____ Location: _____

NATE Testing

Date of Test: _____ Location: _____

You must indicate below which exam(s) you plan to take:

Select Two:

CORE:

Air Conditioning:

Heat Pumps:

Gas Heating:

Other: _____

Service

☐☐☐☐

Installation

☐☐☐☐

Billing

Check made payable to Comfort Air is attached: _____

Credit Card Information: (circle one) VISA MC

Card Number: _____ Expires: _____ V-Code: _____

Cardholder's Name: _____ Cardholder's Signature: _____

Cardholder's Address (if different from above): _____

Bill Account (if existing customer): _____

PO #: _____

Total amount to be billed: _____

Please fill out and email to: patty.moore@comfortairdistributing.com

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 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 303-539-1662. 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 303-539-1662 Check out our class offerings at www.ComfortAirDistributing.com