



Compressed Air Challenge Seminar Fundamentals of Compressed Air Systems

REGISTRATION FORM

(Mr, Ms, Dr) First Name		Last Name	
Name on badge (if different from above)		Title	
Company			
Address		City/Prov/Postal Code	
Phone	Fax	Email Address	

NOTE: Email will be used whenever possible for rapid notification of Seminar developments & your attendance.

I will be attending:

- Suffern, NY:** Tuesday June 4th, 2019 – Crown Plaza, Three Executive Blvd, Suffern, NY 10901
- Fall session :** Keep my contact info for Fall session

Includes: Continental Breakfast, Lunch, Breaks & Course Materials

I agree to pay \$295.00

- Pay by Cheque (Cheque made payable to COMAIRCO receipt to be mailed to address above)
- Invoice to above name and address (please include Purchase Order (PO) number): _____
- Credit Card (Credit card authorization form will be sent.) Please check VISA MasterCard

Please email this form to training@comairco.com

