



ROTOMASTERSSM CERTIFIED TRAINING
REGISTRATION REQUEST – 2010

Company Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Please note – No seats are guaranteed. You will receive a training packet via email once you are confirmed. Please remember to include your email in order to receive your training packet.

Training Dates (2 day class)

Please check date requesting:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> 01/07 – 01/08 | <input type="checkbox"/> 02/04 – 02/05 | <input type="checkbox"/> 03/04 – 03/05 | <input type="checkbox"/> 04/08 – 04/09 |
| <input type="checkbox"/> 05/06 – 05/07 | <input type="checkbox"/> 06/03 – 06/04 | <input type="checkbox"/> 07/08 – 07/09 | <input type="checkbox"/> 08/05 – 08/06 |
| <input type="checkbox"/> 09/09 – 09/10 | <input type="checkbox"/> 10/07 – 10/08 | <input type="checkbox"/> 11/04 – 11/05 | <input type="checkbox"/> 12/02 – 12/03 |

Attendees: (Print name as it should appear on Certificate)

1) _____

2) _____

Special Request (example – dietary or accommodation requirements)

Please - Complete & Fax toll-free to **1-877-311-1302** to request a seat at training.