



TRAINING REGISTRATION



Check Enclosed

Credit Card

Invoice PO# _____

Attendee Name(s)	Training Description	Cost
	TOTAL	\$

Requested By:	
Company Name:	
Billing Address:	
City, State, Zip:	
Phone:	
Email:	
Name on Credit Card:	
Type of Credit Card:	
Card Number:	
Expiration	
Code (if applicable):	
Send Receipt to:	

VRV INSTALL COST \$100 - VRV COMMISSIONING COST \$100 - VRV SERVICE COST \$300
 Payment due 10 days before training, or registration is subject to cancellation. Non-refundable deposit of \$50 for
 No Shows and Cancellations 10 days prior to class. All classes are from 8:00 AM – 5:00 PM Eastern Time Zone.

Send Registration via **Email: Jennifer@ThermalEQ.com** or **Mail: 680 Bizzell Drive, Lexington KY 40510**