



INSTALLERS WORKSHOP REGISTRATION FORM

****** All reservations are pre-paid because supplies are ordered in advance. Any cancellations must be done in writing at least 3 weeks in advance. Thank You

CONTACT INFORMATION

NAME _____ TITLE _____

COMPANY NAME _____

OFFICE# _____ FAX# _____ CELL# _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

PAYMENT (Visa / MasterCard / Check ONLY)** All spots are on a first come first serve basis and must be paid for in Advance to reserve your seat in the class.**

VISA or MASTERCARD #: _____ EXP. DATE: _____
(Circle one)

SECURITY CODE: _____ CARDHOLDERS ZIP CODE: _____ CHECK# _____
(3 digit # located on back of card) *Make check payable to: Water Energy Distributors*

CARDHOLDERS SIGNATURE: _____ DATE: _____

2009 SCHEDULE OF WORKSHOPS Please contact Shauna L. Smith shauna@northeastgeo.com for a current list of classes or visit our website at www.northeastgeo.com

Class you are Attending _____ Date of Class _____