



The Minnesota Heating and Cooling Association presents...

A Day of Hydronic Heating Programs

Register for one or both sessions!

Thursday, January 9, 2018

Hydronic Systems Application, Designs

7:30 a.m. Registration
8:00 a.m. Program
11:30 a.m. Program Ends/Lunch

Radiant System Service & Installations

12:00 p.m. Registration/Lunch
12:30 p.m. Program
4:00 p.m. Program Ends

**Uponor Training Center
5925 148th St. West
Apple Valley, MN 55124**

Lunch provided by:



Morning Session: Hydronic Heating Systems Application, Designs

This program is targeted at Owners, Designers, Sales/Application, and Advanced Installers

- Heat loss calculations
- Layout options
- Equipment requirements

Afternoon Session: Radiant System Service & Installations

This program is targeted at Service Managers and Technicians

- Identify necessary components
- Troubleshoot systems
- Hands-on lab

About the Instructor – Steve Swanson

The instructor for both programs is Steve Swanson. With 35 years of training experience, Steve Swanson provides in-depth and specialized training in radiant heating and takes great pride in breaking complicated procedures down into understandable sections and in making his programs fun.



Register for one or both programs using the attached form!

\$75.00 for each session for MHCA Members; \$125.00 for both.
\$125.00 for each session for non-MHCA Members, \$200.00 for both.

JOIN MHCA FOR \$395.00 AND SAVE ON THIS AND EVERY PROGRAM!



Registration Form

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ATTENDEE INFORMATION (COPY FORM FOR ADDITIONAL ATTENDEES)

BE CERTAIN TO SELECT SESSION

Session Choice
 (Circle One or Both)
AM PM
Applications Service

Name: (first) _____ (last) _____
 Name: (first) _____ (last) _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip _____
 Phone: (____) _____ Fax: (____) _____
 Email: _____

AM PM
 AM PM

REGISTRATION FEE

	<u>Member</u>	<u>Non-Member</u>
Attendee	\$75.00 one session \$125.00 both sessions	\$125.00 one session \$200.00 both sessions
# Session	_____	_____
Total	\$_____	\$_____

**JOIN MHCA AND
 START SAVING
 WITH THIS PROGRAM!**

PAYMENT INFO

Credit Card: VISA MasterCard Discover AmEx

Name on credit card: _____

Billing Address: _____

CC Number: _____ Exp Date: _____ CVC Code: _____

Check: Payable to "MHCA"

Mail, fax, or email completed registration form to:

Minnesota Heating and Cooling Association
 6066 Shingle Creek Parkway, Suite 167
 Brooklyn Center, MN 55430

Ph: 888-782-6815
 Fax: 888-287-4116
 Email: jane@assocmgmtservices.com