

Registration Form



Heat Exchanger Furnace Safety Training Tuesday, August 16, 2016

7:30 a.m. – 8:00 a.m.
8:00 a.m. - 3:30 p.m.

Registration
Program (Lunch/Materials Included)



Johnstone Supply
1401 West 94th Street
Bloomington, MN 55431

ATTENDEE INFORMATION (Copy Form For Additional Registrants)

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

REGISTRATION FEE

	<u>Member</u>	<u>Non-Member*</u>
Attendee	\$749.00 per person	\$899.00 per person
# Attendees	_____	_____
Total	\$ _____	\$ _____

***JOIN MHCA FOR \$395.00 AND SAVE
\$150.00 PER PERSON ON 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

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