



**Power Limited Technician (PLT) Training**  
**Wednesday, March 8, 2017**  
**7:30 a.m. - 8:00 a.m. Registration**  
**8:00 a.m. - 4:30 p.m. Program/Lunch Included**

**CenterPoint Energy Training Center**  
**1240 West River Parkway**  
**Minneapolis, MN 55454**  
**On-Site Assistance: (612) 363-0978**

This course is approved for **8 hours of CE credit for PLT credential holders.\*** This program, together with the PLT class offered through MHCA each Fall, is everything you need to meet your requirement of 16 hours of continuing education every two years.\*\*

The program also qualifies for **NATE credit. Space is limited to 30 people.** (A minimum of 15 will be needed to hold the class.)



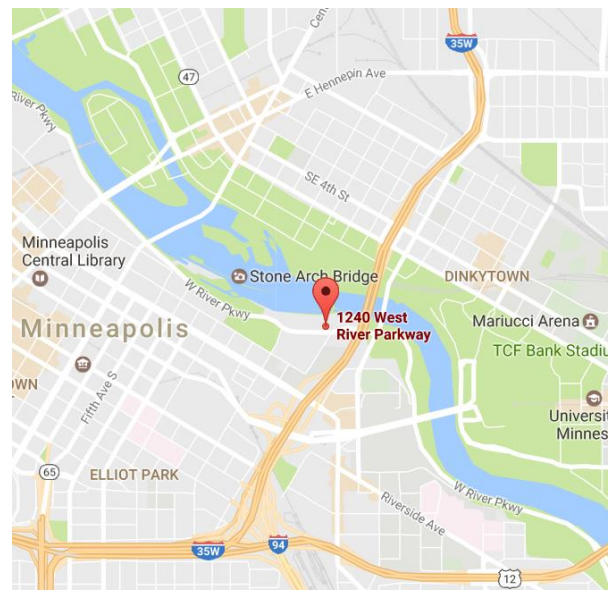
\* There is a **new requirement related to PLT Training for 2017.** Attendees **MUST** bring a copy of the 2017 National Electrical Code with them to the continuing education programs they attend. You can purchase a copy of the Code by visiting [www.nfpa.org](http://www.nfpa.org).

\*\* To check your state credits toward renewal, visit [www.electricity.state.mn.us](http://www.electricity.state.mn.us). Click on Construction Trades and Licensing >> Verify a License >> Verify a Personal or Contractor License and then enter your name to search.

The instructor for the program is **Paul Sunde.**

To register, use the form below.

Breakfast sponsored by:





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## Registration Form

### 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	\$125.00 per person	\$225.00 per person
# Attendees	_____	_____
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>

**JOIN MHCA FOR \$395.00 AND SAVE \$100.00  
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"

**Register today by mailing, faxing, or emailing your 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](mailto:jane@assocmgmtservices.com)

