



The **Minnesota Heating and Cooling Association** is pleased to present...

## Honeywell Source 2.0: Gas Ignition Program

**Tuesday, October 5, 2017**

**7:30 a.m.**

**Registration**

**8:00 a.m.**

**Program**

**12:00 p.m.**

**Box Lunch**

**Honeywell**

In this half-day, hands-on training class, you will learn about...

Sequence of Operation  
Diagnosing Problems

Troubleshooting Techniques  
Applying Universal Replacement Controls

**Goodin Co.**  
**2700 2<sup>nd</sup> Street N**  
**Minneapolis, MN 55411**

Your Honeywell instructor will combine both lecture and hands-on training, covering **Flame Detection, Intermittent Pilot, Direct Spark and Hot Surface Ignition Controls, SmartValve Control, and Honeywell Universal Product Replacement and Cross-Reference Review.**

The program includes lunch and instructional materials and is limited to 20 attendees per session.

\$75.00 for MHCA Members

\$125.00 for non-MHCA Members

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

For additional information about this program or MHCA membership, contact MHCA at (888) 782-6815.

**Register today by completing the form below!**

*Lunch sponsored by:*



*This program qualifies for three (3)  
hours of NATE approved training*





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**Minneapolis, MN 55411**

## Registration Form

### ATTENDEE INFORMATION

(COPY FORM FOR ADDITIONAL ATTENDEES.)

Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### REGISTRATION FEE

|              | <u>Member</u>      | <u>Non-Member</u>   |
|--------------|--------------------|---------------------|
| Attendee     | \$75.00 per person | \$125.00 per person |
| # Attendees  | _____              | _____               |
| <b>Total</b> | <b>\$_____</b>     | <b>\$_____</b>      |

**JOIN MHCA FOR  
\$395.00 AND SAVE 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

Ph: 888-782-6815  
Fax: 888-287-4116  
Email: [jane@assocmgmtservices.com](mailto:jane@assocmgmtservices.com)