



AIR BARRIER ASSOCIATION OF AMERICA

Sprayed Polyurethane Foam Installer Training Registration Form

February 14-16, 2012 – Hudson, OH

Cut off for registration is January 31, 2012 - Please FAX completed form to: 866-956-5819

Location Information			
CLASSROOM SESSION & HANDS-ON TRAINING – February 14-16, 2012: Giambrone Companies 10000 Aurora-Hudson Road Hudson, OH 44236 Phone: 330-656-0700 <i>*Attendees are responsible for travel and hotel costs.</i>		<i>Recommended Airport:</i> -Akron Fulton International Airport (AKC) *(40 min drive to training site/hotel) <i>Recommended Hotel – Please reference ABAA to receive a discount</i> Fairfield Inn by Marriott 9783 St. Rt. 14, Streetsboro, OH 44241 (330) 422-1166 Wingate by Wyndham – Streetsboro 9679 St. Rt. 14, Streetsboro, OH 44241 (330) 422-9900	
Training Package	Code	Member Price	Non-Member Price
Sprayed Polyurethane Foam Installer Certification Challenge Program February 14-16, 2012 Duration: 2.5 days (Day 1 & 2: 8:00am to 4:30pm Day 3: 8:00am - 1:00pm)	A	\$995.00	\$1495.00
Quality Assurance Program Administrator Course Date: Tuesday, February 14, 2012 Duration: 3 hours 5:00 pm to 8:00 pm	B	\$195.00	\$295.00

Please note that this course is designed to teach experienced SPF installers how to create an Air Barrier using Spray Polyurethane Foam. For certification purposes, a minimum of 3000 hours of work experience either directly with air barriers or in applicable related trade experience is required.

It is an ABAA policy that each company requires one person trained in the Sprayed Polyurethane Foam Installer Training course **and** one person trained in the Quality Assurance Program Administrator Course. This can be the same individual.

Company Name: _____

Company Address: _____

Company Phone/Email: _____ / _____

#	Name	Code A and/or B	Registration Fee
1			
2			
3			
PLEASE CONFIRM YOUR REGISTRATION BY <u>January 31, 2012</u> BY RETURNING THIS FORM <u>VIA FAX 1-866-956-5819</u>			TOTAL PAYMENT

****Payment must be received by the ABAA office prior to the course start date**

- My check for total payment, made out to Air Barrier Association of America (ABAA) is enclosed.
- I would like to charge my registration fees to my **VISA** or **MASTERCARD**

ABAA reserves the right to cancel with a minimum 7 days notice, based on lack of registration. Students who cancel their registration with less than 5 days notice will not receive a refund.

_____ VISA or MASTERCARD number

_____ expiry date

_____ Cardholder's name (exactly as shown on card)