



# AIR BARRIER ASSOCIATION OF AMERICA

## Sprayed Polyurethane Foam Installer Training Registration Form

January 24 – January 26, 2012 – Charlotte, NC

Cut off for registration is January 10, 2012 - Please FAX completed form to: 866-956-5819

Location Information			
<p><b><u>CLASSROOM &amp; HANDS-ON SESSION – January 24 - January 26, 2012:</u></b>            Carolinas Roofing &amp; Sheet Metal Contractors Association, Inc. (CRSMCA)            710 Imperial Court, Charlotte, NC 28273            704-556-1228</p> <p><i>*Attendees are responsible for travel and hotel costs.</i></p>	<p><b>Recommended Airport:</b>            -Charlotte Douglas Int'l Airport (CLT)</p> <p><b>Recommended Hotel</b> (Please reference ABAA or group code ABA to receive discounted rate)  <b>Holiday Inn Express</b>            805 West Arrowood Road            Charlotte, NC 28217 (704) 971-8720  <i>*(5 min. drive from training site)</i></p>		
Training Package	Code	Member Price	Non-Member Price
<p><b>Sprayed Polyurethane Foam Installer Certification Challenge Program</b>            January 24 – January 26, 2012      Duration: 2.5 days            (Day 1 &amp; 2: 8:00am to 4:30pm Day 3: 8:00am - 1:00pm)</p>	A	\$995.00	\$1495.00
<p><b>Quality Assurance Program Administrator Course</b>            Date: Tuesday, January 24, 2012    Duration: 3 hours    5:00 pm to 8:00 pm</p>	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.*

<b>Company Name:</b> _____			
<b>Company Address:</b> _____			
<b>Company Phone/Email:</b> _____ / _____			
#	Name	Code A and/or B	Registration Fee
1			
2			
3			
<b>PLEASE CONFIRM YOUR REGISTRATION BY <u>January 10, 2012</u> BY RETURNING THIS FORM <u>VIA FAX</u> 1-866-956-5819</b>			<b>TOTAL PAYMENT</b>

**\*\*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**

\_\_\_\_\_  
VISA or MASTERCARD number

\_\_\_\_\_  
expiry date

\_\_\_\_\_  
Cardholder's name (exactly as shown on card)

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.