



Certified Technician Workshop

Peerless Pump Company ~ Indianapolis, IN

June 14-16, 2010

APPLICATION FOR REGISTRATION FORM

Name: _____ Title/Position: _____

Division / Department: _____

Company / Organization: _____

Address: _____

City / State / Zip: _____

Office Phone: _____ Fax: _____

Email: _____ Cell No: _____

Peerless Sales Office or Sales Representative: _____

Peerless / Sales Representative Contact: _____

Customer Type: Contractor End User Business Partner / Sales Rep. Peerless Employee Other

Credit Card Type: Mastercard Visa AMEX

Name on Card: _____ Credit Card #: _____

Exp. Date: _____ Security Code: _____ (3 digits on back of MC and Visa & 4 digits on front of AMEX)

Billing Address (if different from above): _____

City / State / Zip: _____

Checks: Made payable to "Peerless Pump"

Cancellation / Refund Policy:

There will be no charge for registrants who cancel up to three (3) weeks before a class begins. Registrants who cancel less than three (3) weeks of the start of the class will be charged 50% of the course fee if the open seat cannot be filled. Confirmed participants who do not attend their scheduled session will be liable for the entire fee.

Authorized Signature: _____ **Date:** _____

Registration Procedure:

1. If registering for the Peerless Pump School, Fax to (317) 924-7388 or Email to training@peerlesspump.com
2. You will be contacted at least three (3) weeks prior to the class to confirm your participation. If a class is full, we will contact you and add your name to our wait list. **Do not make travel arrangements until you receive written confirmation.** Refunds for travel and lodging are subject to the policies of their respective providers.
3. Peerless Pump reserves the right to cancel the workshop prior to three (3) weeks at its sole discretion. In the unlikely event of cancellation, all workshop fees will be fully refunded. Visit <http://www.epumptraining.com> to learn more.
4. Completion of this registration form does not constitute acceptance into the class. Formal acceptance will be granted upon review of the registration and approval of Peerless Management.

Office Use Only:

Date Received at Peerless Pump: _____ Received By: _____

For more info please call your regional sales manager or the Peerless Pump Learning & Development Office:

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Email: training@peerlesspump.com

Web sites: www.epumptraining.com, www.peerlesspump.com, www.labourtaber.com, www.epumpdoctor.com