

Self Adhered and Fluid Applied Installer Course Registration Form

Dates: July 11-13, 2017 Location: Chicago, IL

Deadline for Registration is: Monday, June 26 2017 at 12:00 PM CDT

Description

- This course is designed for the experienced SAFL installer to learn how to install SAFL as a complete air barrier system in commercial buildings. This course includes instruction on everything from selecting proper materials, substrate preparation, application technology, troubleshooting and hands-on training.
- For certification purposes, a minimum of <u>3000</u> 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 employs one person trained in an ABAA Installer Training Course **and** one person trained in the Quality Assurance Program Administrator Course. This can be the same individual.

Important Information:

- ABAA reserves the right to cancel with a minimum 5 days' notice, based on lack of registrants
- Students who cancel their registration with less than 5 business days' notice will not receive a refund
- We advise all students to hold off on making any travel arrangements until the class has been confirmed as proceeding
- Attendees are responsible for travel and accommodation costs
- Class sizes are limited. Complete registration forms are processed in the order in which they are received.
- Missing information on submitted forms **may** result in not being able to attend the course.

Please Note:

- If you are looking to get certified, the "Level 2 and 3 Installer Certification Application Form" must be completed.
- It is one registration form per person.
- Payment must be received prior to the start of the course.

I have read and understood all of the information stated above.	
Name:	Date:

Training Course Information

Classroom Location:	Hands On Location:
W.R Meadows, Inc.	SAME AS CLASSROOM
300 Industrial Drive, Hampshire, IL 60140	
Classroom Phone Number: (800) 342-5976	Hands On Location Phone Number: SAME AS CLASSROOM
Recommended Airport: O'Hare International Airport (ORD)	Recommended Hotel: Country Inn & Suites By Carlson, Sycamore, IL 1450 S Peace Rd, Sycamore, IL 60178, USA Call +1 815-895-8686 to make your room reservation, discounts available when mentioning 'W.R. Meadows'

Please submit pages 1 and 2 of the registration form to the ABAA office by:
Emailing it to training@airbarrier.org or by toll free fax at **866.956.5819.**Air Barrier Association of America (ABAA) | 866.956.5888 | 1600 Boston-Providence Hwy. | Walpole, MA 02081



Self Adhered and Fluid Applied Installer Course Registration Form

Dates: July 11-13, 2017 Location: Chicago, IL

Deadline for Registration is: Monday, June 26 2017 at 12:00 PM CDT

<u>Mandator</u> y	<u>r:</u> Please t	fill out the	"Attendee and	Company"	section	below:
-------------------	--------------------	--------------	---------------	----------	---------	--------

wandatory. Flease IIII out the Attendee and Company	y section b	GIOW.			
Attendee First Name(s):	t Name(s): Attendee Last Name(s):				
Attendee Email Address (for correspondence regarding	training info	rmation):			
Company Name:					
Company Street Address:					
Company Phone Number:	Company	/ Email Address	:		
Mandatory: Please fill out the "Fees" section below.					
Fees Description			Non Member	ABAA Member	Total
Self Adhered and Fluid Applied Training Course (manda	atory, if not al	ready certified)	\$1495.00	\$995.00	
Self Adhered and Fluid Applied Exam (mandatory for cer	tification)		\$200		
Installer Certification Fee (mandatory for certification)		\$250.00			
Quality Assurance Program Administrator Course (man accreditation, if you currently do <u>not</u> have an ABAA QAP adminis		mpany	\$195.00	\$95.00	
Quality Assurance Program Administrator Exam (mand	_	,	\$100		
Registration Late Fee (mandatory, if received after the "Dea	dline for Regi	stration" date)	Additiona		
				Grand Total	
Mandatory: Please complete the "Payment" section be	low.				
☐ VISA ☐ Maste	rCard	American Express			Check Sent
Card Number:		Expiry Date:		CVV:	
Card Holder's Name (as it appears on the card):		Authorized Sig	nature:		
Please submit pages 1 and 2 Emailing it to <u>training@airbarri</u> DO NOT MAIL 1	er.org or by		66.956.5819.	by:	
2331		= 1112 27		For Office Use (Only:

For Office Use Only:	
Total Invoice Amount:	
Total Charge Amount:	
Date Processed:	
Initials:	