

Field Auditor Registration Form

Dates: October 16-18, 2018 **Location:** Irving, TX

Deadline for Registration is: Monday, October 1st at 12:00 PM CDT

Description

The role of the Field Auditor is to perform quality assurance audits of air barrier assemblies on new commercial and institutional construction projects during installation. Inspect installation and review materials for compliance with specifications, ABAA requirements, and manufacturer requirements. Complete audit reports, document audits with photos, and address specific areas which have noted deficiencies and require corrective action(s).

Requirements

- Please follow the link below in order to review the auditor requirements and confirm whether this training is right for you: <http://www.airbarrier.org/education/auditor-courses/>
- Once you've reviewed these requirements, please send us your CV or résumé to abaa@airbarrier.org for review (please write "Attention Quality Assurance Department") in the subject line.

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:

- Be advised that ABAA cannot guarantee the amount of work an auditor will receive and, as such, we advise all potential candidates that they should view this work as a supplemental source of income.
- If you are attending for informational purposes only (i.e. **not** looking for certification), there is no need to send in your resume, or pay for the licensing fee.
- It is 1 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:
--------------	--------------

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**.

DO NOT MAIL THE REGISTRATION FORM.

Field Auditor Registration Form

Dates: October 16-18, 2018 Location: Irving, TX

Deadline for Registration is: **Monday, October 1st at 12:00 PM CDT**

Classroom Location: WESTIN DALLAS / FORT WORTH AIRPORT HOTEL 4545 West John Carpenter Freeway, Irving , Texas 75063	Hands On Location: Not Applicable
Classroom Phone Number: 972-929-4500	Hands On Location Phone Number: Not Applicable
Recommended Airport: Dallas-Fort Worth International (DFW)	Recommended Hotel: WESTIN DALLAS / FORT WORTH AIRPORT HOTEL Phone: 972-929-4500 Call to make your reservation

Mandatory: Please fill out the “Attendee and Company” section below:

Attendee Given Name(s):	Attendee Surname(s):
Attendee Email Address (for correspondence regarding training information):	
Company Name:	
Company Street Address (include city, state, and zip code):	
Company Phone Number:	Company Email Address:

Mandatory: Please fill out the “Fees” section below.

Fees Description	Fees (\$)	Totals (\$)
Field Auditor Training Course (mandatory , if not already certified)	\$795.00	
Field Auditor Exam (mandatory for certification)	\$200.00	
Field Auditor Licensing Fee (mandatory to become licensed)	\$250.00	
Registration Late Fee (mandatory , if received after the “Deadline for Registration” date)	Additional \$150.00	
Grand Total		

Mandatory: Please complete the “Payment” section below.

VISA
 MasterCard
 American Express
 Check Sent

Card Number:	Expiry Date:	CVV:
Card Holder’s Name (as it appears on the card):		Authorized Signature:

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.

DO NOT MAIL THE REGISTRATION FORM.

For Office Use Only:

Total Invoice Amount: _____

Total Charge Amount: _____

Date Processed: _____

Initials: _____