

ABAA Self Adhered and Fluid Applied Installer Training Registration Form

Dates: November 19-21, 2024

Location: Carrollton, TX

Deadline for Registration is: Friday, November 1, 2024

Description

- ABAA courses are open to everyone and are a great training opportunity for all. There is NO experience
 needed to attend one of our great training courses. Those who would benefit from training include
 manufacturers, sales reps, general contractors, architectural reps, and anyone in the construction industry.
- This course is designed to prepare experienced SAFL installers how to create an Air Barrier using Self Adhered and Fluid Applied materials. This course includes instruction on everything from selecting proper materials, substrate preparation, application technology, troubleshooting and hands-on training.
- For certification purposes <u>only</u>, 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.
- Applicants 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 be certified, there is accompanying paperwork that must be completed and will be provided during training.
- 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: SOPREMA Dallas BES 2643 N. Interstate 35E, Suite #100 Carrollton, TX 75006 | Hands On Location: Same as Classroom |
|--|---|
| Classroom Phone Number: (214) 281-8325 | Hands On Location Phone Number: Same as Classroom |
| Recommended Airport: Dallas Fort Worth International Airport (DFW) | Recommended Hotel: Contact ABAA for the room block booking details |

Please submit pages 1 and 2 of the registration form to the ABAA office by: Email to <u>training@airbarrier.org</u> or by toll free fax at **866.956.5819.** DO NOT MAIL THE REGISTRATION FORM. Air Barrier Association of America (ABAA) | 866.956.5888 | 1600 Boston-Providence Hwy. | Walpole, MA 02081



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Mandatory: Please fill out the "Applicant and Company" section below:

| Applicant First Name(s): | Applicant Last Name(s): | | | | |
|---|---|--|--|--|--|
| Applicant Email Address-User specific: (for correspondence regarding training information and taking online exam) | | | | | |
| Company Name: | | | | | |
| Company Address (include city, state, and zip code): | | | | | |
| Company Contact Phone Number: | Company Contact Email Address: (for sending exam results) | | | | |
| Please choose which language preferred for the online exam: English Spanish Solution | | | | | |

<u>Mandatory</u>: Please fill out the "Fees" section below.

| Fees Description | | ABAA Member | Total |
|---|---------------------|----------------|-------|
| Self Adhered and Fluid Applied Training Course (mandatory, if not already certified) | \$1495.00 | \$995.00 | |
| Installer Certification Fee (\$250 mandatory for certification) & SAFL Exam (\$250) | \$500.00 | | |
| Registration Late Fee (mandatory, if received <u>after</u> the "Deadline for Registration" date note: registrations subject to be rejected after this date) | Additional \$150.00 | | |
| | | Grand Total | |

Mandatory: Please complete the "Payment" section below.

| VISA | MasterCard | American Express | Ch Ch | neck Sent |
|--------------------------------|-------------------|------------------|----------|--------------------------|
| Card Number: | | Expiry Date: | | CVV: (Amex: 4 Digits) |
| Card Zip Code: | | | | |
| Card Holder's Name (as it appe | ars on the card): | Authorized Sig | gnature: | |

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