



# Air Barrier Association of America

## Sprayed Polyurethane Foam Installer Training Registration Form

April 27-29, 2010 in Cincinnati, OH

Cut off to pre-register is [April 13, 2010](#) - Please FAX completed form to: 866-956-5819

ABAA Training Package Options		Member Price	Non-Member Price
A.	ABAA Trng Program: <b>Installer Certification Challenge for Spray Polyurethane Foam Membrane Systems</b> Date: April 27-29, 2010 Duration: 2.5 days (Day 1 & 2: 8:00am to 5pm; Day 3 - 8:00-1:00)  <i>Location: DoubleTree Hotel Cincinnati Airport</i> 2826 Terminal Drive Hebron, KY 41048 For Reservations call : 800-222-8733 or 859-371-6166	<b>\$995.00</b>	<b>\$1295.00</b>
B.	ABAA Trng. Program: <b>Quality Assurance Program Administrator Course</b> Date: Tuesday, April 27, 2010-03-09 Duration: 3 hours 5:00 pm to 8:00 pm <i>Location: same as above</i>	<b>\$195.00</b>	<b>\$295.00</b>

*It is an ABAA policy that each company requires one person trained in the Spray Polyurethane Foam Installer Training course **and** one person trained in the Quality Assurance Program Administrator Course. This can be the same individual.*

**List all attendee names as they are to appear on the name badges:**

Company Name: _____			
Company Address (in full): _____			
Company Phone/Email: _____			
#	Name	Code A or B	Registration Fee
1			
2			
3			
			<b>TOTAL PAYMENT</b>

**PLEASE CONFIRM YOUR REGISTRATION BY Tuesday April 13, 2010  
BY RETURNING THIS FORM VIA FAX 1-866-956-5819**

**Cancellation Policy:** ABAA reserves the right to postpone or cancel the course if the minimum number of attendees is not met 5 days prior to the start date. Cancellations received on or after April 26, 2010, or "no-show" registrations are not eligible for a refund.

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**. (At this time, ABAA only accepts VISA or check. We apologize for any inconvenience.)

\_\_\_\_\_  
VISA number

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

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

**As required after faxing, please forward this form and payment to:** Air Barrier Association of America, 1600 Boston-Providence Hwy, Walpole MA, 02081 Fax: 866-956-5819 Questions: Ph. 866-956-5888