



Sprayed Polyurethane Foam Installer Course Registration Form

Dates: November 5-7, 2019

Location: Mount Airy, NC

Deadline for Registration is: Monday, October 21st, 2019

Description

- ABAA courses are open to everyone and are a great training opportunities 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 for the experienced SPF installer to learn how to install SPF 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 3000 hours of work experience either directly with air barriers or in applicable related trade experience is required, with 1500 of those hours being directly related to SPF.
- 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 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:
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Training Course Information

Classroom Location: NCFI R&D Laboratory and Training Center 244 Woltz Street Mount Airy, NC 27030	Hands On Location: Same as Classroom
Classroom Phone Number: (800) 346-8229	Hands On Location Phone Number: Same as Classroom
Recommended Airport: Charlotte Douglas International Airport (CLT)	Recommended Hotel: Comfort Inn Mount Airy - Phone +1 336-783-0008 to make a reservation

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

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

Attendee First Name(s):	Attendee Last Name(s):
Attendee Email Address (for correspondence regarding training information):	
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
Sprayed Polyurethane Foam Training Course (mandatory , if not already certified)	\$1495.00	\$995.00	
Sprayed Polyurethane Foam Exam (mandatory for certification)	\$200.00		
Installer Certification Fee (mandatory for certification)	\$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: _____