

## Self Adhered and Fluid Applied Online Installer Course Registration Form

<b>Applicant Name:</b>	<b>Date:</b>
------------------------	--------------

### Course 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 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 and troubleshooting.
- For certification purposes only, a minimum of 3000 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:

- Students who cancel their registration with less than 5 business days' notice will not receive a refund.
- All students will receive a physical manual, however possession of manual is not required to participate in training modules but is highly recommended to use when writing the exam.
- Those seeking certification will be required to write an online proctored exam where they will require a webcam and microphone.
- An ABAA instructor will be available for a Q & A period following training. This will be determined on a "course to course basis".

### 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.

Please submit pages 1 and 2 of the registration form to the ABAA office by:  
Email to [training@airbarrier.org](mailto:training@airbarrier.org) 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

## Self Adhered and Fluid Applied Online Installer Course Registration Form

<b>Course Date:</b> <b>August 24-26, 2020</b>	<b>Deadline for Registration:</b> <b>August 14th, 2020</b>
--------------------------------------------------	---------------------------------------------------------------

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

<b>Attendee First Name(s):</b>	<b>Attendee Last Name(s):</b>
<b>Attendee Email Address (for correspondence regarding training information):</b>	
<b>Company Name:</b>	
<b>Company Street Address:</b>	
<b>Company Contact Phone Number:</b>	<b>Company Contact Email Address (for sending exam results):</b>

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

<b>Fees Description</b>	<b>Non Member</b>	<b>ABAA Member</b>	<b>Total</b>
Self Adhered and Fluid Applied Training Course ( <b>mandatory</b> , if not already certified)	\$1095	\$595	
Self Adhered and Fluid Applied Exam ( <b>mandatory</b> for certification)		\$200	
Installer Certification Fee ( <b>mandatory</b> for certification)		\$250	
<b>** Note:</b> Once form is submitted your training manual will be ordered. If training is cancelled there is no reimbursement of fees for training manual.			<b>Grand Total</b>

**Mandatory:** Please complete the “Payment” section below.

VISA

MasterCard

American Express

Check Sent

<b>Card Number:</b>	<b>Expiry Date:</b>	<b>CVV:</b>
<b>Card Holder's Name (as it appears on the card):</b>	<b>Authorized Signature:</b>	

Please submit pages 1 and 2 of the registration form to the ABAA office by:

Email to [training@airbarrier.org](mailto: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: \_\_\_\_\_