

# 2018 APPLICATOR TRAINING PROGRAM ENROLLMENT

**COMPANY:** \_\_\_\_\_ **PARTICIPANT:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **PARTICIPANT TITLE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**REGISTRATION FEES: SPECIAL: Only \$750**

(\$490 for each additional student from the same company)

- |   |   |
|---|---|
| <input type="checkbox"/> Feb 12-16 Lakewood, NJ | <input type="checkbox"/> Jun 18-22 Santa Fe Springs, CA |
| <input type="checkbox"/> March 19-23 Boston, MA | <input type="checkbox"/> Aug 20-24 Chicago, IL          |
| <input type="checkbox"/> April 9-13 Rowlett, TX | <input type="checkbox"/> Oct 15-19 Tacoma, WA           |
| <input type="checkbox"/> May 21-25 Tacoma, WA   | <input type="checkbox"/> Nov 26-30 Rowlett, TX          |

**METHOD OF PAYMENT:** (Check - Please make check payable to Specialty Products, Inc.)

**AMOUNT: \$** \_\_\_\_\_ **TYPE OF CREDIT CARD:**  
 VISA  MASTERCARD  AMEX

**CREDIT CARD #:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**3 DIGIT CODE:** \_\_\_\_\_ **NAME AS IS APPEARS ON CARD:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CONTACT ME FOR CREDIT CARD INFO**

**CANCELLATION POLICY:**

If you cancel 14 business days prior to the class date you will receive a 50% refund and a 50% credit toward the next training class or product order.

If notice of cancellation is received less than 14 business days prior to class, SPI will credit your full registration fee to the next training class or product order.

SPI reserves the right to cancel any class 21 days prior to the scheduled class date due to lack of enrollment. In this case you will receive a full refund.

**Participant space is not reserved until full payment is received.**

**SPI OFFICE USE ONLY:**


**ON ACCOUNT:** \_\_\_\_\_ **SALES ORDER #:** \_\_\_\_\_

**INFORMATION VERIFIED BY:** \_\_\_\_\_

You may return the form(s) to Customer Service by:

 **FAX 253 588 7196**

 **SalesSupport@specialty-products.com**

 **2410 104th St. Ct. S. Suite D  
Lakewood, WA 98499**

**Your confirmation will be sent to you within 48 hours of receipt of payment.**

**How did you hear about our training program?**

**REFERRAL FROM**

**SALES REP.**

**ADDITIONAL PARTICIPANTS**

