



CLASS REGISTRATION

Date: _____

Attendee Information

Name: _____
Job title: _____
Phone number: _____

Company Information

Name: _____
Address: _____
Email: _____
Phone number: _____

System Diagnosis & Equipment Operation Safety (2 days) Class date(s): _____ \$995/person
Total amount due: \$ _____

Billing Information

Check here if billing information is the same as company information

Name: _____
Address: _____
Email: _____
Phone number: _____

Method of Payment

Credit card Invoice Check number:

Please make checks payable to Spartan Tool, 1618 Terminal Rd, Niles, MI 49120

Visa Mastercard American Express Other _____

Name on card: _____

Card number: _____

Billing address: _____

Expiration date: _____ Security code (CVC): _____

Signature: _____

Cancellations made 14 days or more in advance of the event date, will receive a 100% refund. Cancellations made less than 14 days in advance of the event date, will receive a 50% refund.

International Institute of Sewer & Pipe Cleaning
Main Office: 1618 Terminal Rd
Niles, MI 49120

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