## **ADVANCED HANDS-ON FTS TRAINING**

**TIA is proud to offer Advanced Hands-On Training** for technicians in the Earthmover and Farm Tire Service industries. With support from AME, Stellar Industries and Tire Life, students will receive comprehensive hands-on training using a service truck, hydraulic tools and a variety of equipment that can aid them in servicing tires.

The first day of class will be in a classroom setting, going through videos and workbooks. The remaining three days will be hands-on training. TIA's goal is to have the students leave with comprehensive knowledge that can only come from a combination of formal and hands-on learning. Students successfully completing a final exam will receive a Certificate of Completion.







## **FARM TIRE SERVICE**

- Service Truck Operation
- Site Preparation & Equipment Lifting
- Hydraulic Tool Operation & Maintenance
- Single Piece Demount, Mount & Inflate on Machine
- Single Piece Demount, Mount & Inflate off Machine
- Dual Demount, Mount & Inflate
- 3-Piece Demount, Mount & Inflate on Machine
- Install & Remove Liquid Ballast

Please contact Christine Hoogenboom at <a href="mailto:training@tireindustry.org">training@tireindustry.org</a> or 800.876.8372 x106 for information.









## **2024 ADVANCED HANDS-ON TRAINING REGISTRATION FORM**



## I. WAYS TO REGISTER

**PHONE** FAX **EMAIL** MAIL 301.430.7280

**Tire Industry Association** 

301.430.7283 training@tireindustry.org

III. CLASS INFORMATION    June 11-14, 2024   Stellar Industries Inc. 600 West 3rd Street Garner, IA 50438   Triday: 8:00 a.m. to 4:30 p.m. Friday: 8:00 a.m. to Noon	1532 Pointer Ridge Place, Suite G Bowie, MD 20716-1883	800.876.8372			
Attendee #2	II. ATTENDEE INFORMATION				
Attendee #3	Attendee #1			Yrs. Experience	
Attendee #4	Attendee #2			Yrs. Experience	
Company Address City State Zip+4 Country (if other than U.S.) Postal Code Phone Fax E-mail TIA provides lunch each day. Please note any special dietary considerations:    Dine II-14, 2024   Class Schedule:	Attendee #3			Yrs. Experience	
City State Zip+4 Country (if other than U.S.) Postal Code Phone Fax Postal Code Phone Fax Fax IIII. CLASS IUITION Discreption of Discreption of Completion.    June 11-14, 2024	Attendee #4			Yrs. Experience	
City State Zip+4  Country (if other than U.S.)	Company				
Country (if other than U.S.)	Address				
Phone	City		State	Zip+4	
E-mail	Country (if other than U.S.)			Postal Code	
TIA provides lunch each day. Please note any special dietary considerations:    III. CLASS INFORMATION   Location: Stellar Industries Inc. 600 West 3rd Street Garner, IA 50438   Friday: 8:00 a.m. to 4:30 p.m. Friday: 8:00 a.m. to Noon	Phone		Fax		
III. CLASS INFORMATION    June 11-14, 2024   Stellar Industries Inc. 600 West 3rd Street Garner, IA 50438   Friday: 8:00 a.m. to 4:30 p.m. Friday: 8:00 a.m. to Noon	E-mail				
June 11-14, 2024   Stellar Industries Inc. 600 West 3rd Street Garner, IA 50438   Tuesday-Thursday: 8:00 a.m. to 4:30 p.m. Friday: 8:00 a.m. to Noon	TIA provides lunch each day. Please note any special dietary considerations:				
June 11-14, 2024   Stellar Industries Inc. 600 West 3rd Street Garner, IA 50438   Tuesday-Thursday: 8:00 a.m. to 4:30 p.m. Friday: 8:00 a.m. to Noon					
June 11-14, 2024   Stellar Industries Inc. 600 West 3rd Street Garner, IA 50438   Tuesday-Thursday: 8:00 a.m. to 4:30 p.m. Friday: 8:00 a.m. to Noon	III CLASS INFORMATION				
IV. CLASS TUITION  Attendee		Location:	Class Schedule:		
Attendees who successfully complete the 4-day class will receive a Certificate of Completion.  V. METHOD OF PAYMENT  Check (Make payable to TIA) Invoice me. My company's PO authorization number is MasterCard AMEX  Credit Card Number Expiration Date // CW  Card Holder Name Card Holder Signature (Please print) Checking this box represents my electronic signature  Cardholder Billing Address (If different from above)	□ June 11-14, 2024	600 West 3rd Street			
V. METHOD OF PAYMENT  Check (Make payable to TIA)			S6	95 each	
Check (Make payable to TIA)	Attendees who successfully complete the 4-day class will receive a Certificate of Completion.				
□ VISA □ MasterCard □ AMEX  Credit Card Number □ Expiration Date □ / _ / _ CVV □ □  Card Holder Name □ Card Holder Signature □ Checking this box represents my electronic signature  Cardholder Billing Address □ City/State/Zip □	V. METHOD OF PAYMENT				
Card Holder NameCard Holder Signature					
(Please print)	Credit Card Number		Expirati	on Date/ CVV	
(If different from above)	Card Holder Name(Please print)	Card Holder Name Card Holder Signature Checking this box represents my electronic signature			
	Cardholder Billing Address City/State/Zip				

Photo Release: TIA and its legal representatives and assignees retain the right and permission to publish, without charge, photographs taken during this event. These photographs may be used in publications, including electronic and print publications, or in audiovisual presentations, promotional literature, advertising or in other similar ways.

INVOICE # \_\_\_\_\_ CONF # \_\_\_\_\_ **TIA USE ONLY**