

CTS INSTRUCTOR TRAINING & CERTIFICATION PROGRAM REGISTRATION FORM — BALTIMORE



WORKING FOR THE INDUSTRY...WORKING FOR YOU.

I. WAYS TO REGISTER

MAIL

Tire Industry Association
1532 Pointer Ridge Place, Suite G
Bowie, MD 20716-1883

PHONE

301.430.7280
800.876.8372

FAX

301.430.7283

WEBSITE

www.tireindustry.org
Click on Training

II. ATTENDEE INFORMATION

Name _____ Nickname _____

Company _____ Yrs. Experience _____

Address _____

City _____ State _____ Zip+4 _____

Country (if other than U.S.) _____

Phone _____ Fax _____

E-mail _____

TIA provides lunch each day. Please note any special dietary considerations: _____

III. CLASS TUITION & SCHEDULE INSTRUCTOR SERIES

The 3- and 4-day CTS Programs are based on commercial tire service experience. Participants with less than two years experience must register for the 4-day class. Those with more than two years experience may register for the 3- or 4-day class.

3-DAY		4-DAY	
<input type="checkbox"/> TIA Member	\$550	<input type="checkbox"/> TIA Member	\$750
<input type="checkbox"/> Non-Member	\$950	<input type="checkbox"/> Non-Member	\$1150
<input type="checkbox"/> December 2-4, 2009		<input type="checkbox"/> December 1-4, 2009	

Within two weeks of registering, you will receive a faxed confirmation from TIA, along with a map of the area.

IV. HOUSING

The tuition rate does not include the sleeping room rate. If the student plans to pay for the hotel room by credit card, the student must provide the card at hotel check-in or a letter of authorization must be sent to the hotel by the cardholder.

TIA has negotiated a discounted rate at the Hampton Inn BWI.

If you would like to make a reservation, please contact:

Hampton Inn BWI
829 Elkridge Landing Road
Linthicum, MD 21090
phone: 410-850-0600

Rate \$139 per night plus tax

(When making a reservation, please state that you will be with the Tire Industry Association to receive the discounted rate.)

- I will make housing arrangements elsewhere.
- I am staying at the Hampton Inn BWI and I will need roundtrip transportation between the hotel and the Training Center.

V. METHOD OF PAYMENT

- Check (Make payable to TIA)
- Invoice me. My company's PO authorization number for this transaction is _____
- VISA
- MasterCard
- AMEX

Credit Card Number _____ Expiration Date ____/____/____

Card Holder Name (please print) _____ Card Holder Signature _____

TIA USE ONLY INVOICE # _____ CONF # _____