

**CTS INSTRUCTOR TRAINING & CERTIFICATION PROGRAM  
REGISTRATION FORM — WOMEN ONLY — YOUNGSTOWN, OH**



**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

**EMAIL**

[training@tireindustry.org](mailto:training@tireindustry.org)

**WEBSITE**

[www.tireindustry.org](http://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**

Class begins at 8:00 am each day and ends at 4:30, except Friday which ends at Noon.

Tuition: **\$950**

**Sept. 30-Oct. 2, 2025 — WOMEN ONLY**

Within two weeks of registering, you will receive an email 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 Holiday Inn Express. When making a reservation, please state that you will be with the Tire Industry Association to receive the discounted rate.

**Holiday Inn Express** - Phone: 330-408-9119  
240 Cunningham Rd, Salem, OH 44460

Ask for the Haltec Room Block to receive the discounted rate.

- I will make housing arrangements elsewhere.
- I am staying at the Holiday Inn Express.

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

Card Holder Name \_\_\_\_\_ Card Holder Signature \_\_\_\_\_  
(Please print)  Checking this box represents my electronic signature

Cardholder Billing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
(If different from above)

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