CTS INSTRUCTOR TRAINING & CERTIFICATION PROGRAM REGISTRATION FORM — BROOKSVILLE, FLORIDA

TIA TIRE INDUSTRY ASSOCIATION
TIRE SAFETY STARTS HERE.

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

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

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

Tuition: **$950**

☐ **April 15-18, 2025**

☐ **Dec. 9-12, 2025**

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 Fairfield Inn & Suites. When making a reservation, please state that you will be with the Tire Industry Association to receive the discounted rate.

Fairfield Inn & Suites by Marriott • Phone: 352-306-3150
14082 Cortez Blvd., Brooksville, FL 34609

Ask for AME Room Block to receive the discounted rate.

☐ I will make housing arrangements elsewhere.

☐ I am staying at the Fairfield Inn & Suites by Marriott in Brooksville.

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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TIA USE ONLY INVOICE # _____ CONF # _____