

CTS INSTRUCTOR TRAINING & CERTIFICATION PROGRAM REGISTRATION FORM — FLORIDA



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

choogenboom@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

Classes begin at 1:00 p.m. EST on the first day. However, if you have less than 2 years of experience servicing truck tires, you can sign up for the early session on Tuesday. From 8:00 a.m.–Noon you will physically mount and demount a tire, as well as install and remove a wheel assembly from the truck using impact and torque wrenches. There is no additional charge for this session.

Tuition: **\$950**

December 8-11, 2020

I would like to attend the early morning hands-on session for Tuesday (8:00 a.m. to Noon)

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

Holiday Inn Brooksville West • Phone: 352-597-4540
14112 Cortez Blvd., Brooksville, FL 34601

Rate \$120 per night plus tax

I will make housing arrangements elsewhere.

I am staying at the Holiday Inn Brooksville West.

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 # _____