

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**

- Dec. 7-10, 2021**
- 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.

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

Rate \$122 per night plus tax. Ask for TIA Room Block.

- 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 ____/____/____ CVW _____

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

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

TIA USE ONLY

INVOICE # _____

CONF # _____