CTS INSTRUCTOR TRAINING & CERTIFICATION PROGRAM REGISTRATION FORM — YOUNGSTOWN



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

Name	Nickname			
Company	Yrs. Experience _	Yrs. Experience		
Address				
City				
Country (if other than U.S.)				
Phone				
E-mail				

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**

☐ May 23-26, 2023

□ Sept. 12-15, 2023

 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 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	on is			
□ VISA	\square MasterCard \square AN	MEX				
Credit Card Number		Expiration D	ate/_	/	CW	_
Card Holder Name		Card Holder Signature _				
(Plea	se print)	☐ Che	cking this box	represents	s my electronic signature	
Cardholder Billing Address		City/State/Zip				
(If diff	erent from above)					

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