

# Amvic Pacific 2010 ICF Installation Training Registration Form

Class Date Requested:  March 5, 2010  June 18  Sept 10

Number of persons attending \_\_\_\_\_

## Primary Attendee

First name \_\_\_\_\_ Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

Primary phone number (\_\_\_\_\_) \_\_\_\_\_

Mobile phone number (\_\_\_\_\_) \_\_\_\_\_

email address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_ Zip \_\_\_\_\_

Other Attendee name (s) \_\_\_\_\_

Type:  Prospective owner  Owner-builder  Pro builder  other \_\_\_\_\_

\*\*\*\*\*Method of Payment\*\*\*\*\*

Credit Card  Pre-Pay by check

\*\*\*\*\*Credit Card Information\*\*\*\*\*

Credit card type:  VISA  
 Master Card  
 American Express



Card Number \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_

Mailing Address of credit card statement (if different than above)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Cost: **\$135.00** for one person — **\$210** for two persons same family/company — **\$285** for 3  
(call for rates for larger groups)

Number of Attendees: \_\_\_\_\_ total: \$ \_\_\_\_\_

AUTHORIZATION SIGNATURE \_\_\_\_\_

**Mail to:** Amvic Pacific, Inc.  
12531 Lowhills Rd  
Nevada City CA 95959

**OR Fax to:** 530-265-9086

Call us at 800-296-1971 with any questions