

Amvic-Pacific ICF Installation Training Registration Form

Class Date Requested _____ Number of persons attending _____

Primary Attendee

First name _____ Last Name _____

Daytime phone number (____) _____

Evening phone number (____) _____

email address _____

Company Name _____

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 _____ ST ____ Zip _____

Cost: **\$185.00** for one person. **\$325** for two persons same family/company
(call for rates for larger groups)

Number of Attendees: ____ total: \$ _____

AUTHORIZATION SIGNATURE _____

**Mail to: Amvic-Pacific
12531 Lowhills Rd
Nevada City CA 95959**

**or Fax to: 530-265-9086
Call 800-296-1971 with any questions**

**50% Rebate
of Class Fee
on First Block
Order**