



ROTOMASTERSSM CERTIFIED TRAINING
REGISTRATION REQUEST – 2009

Company Information

Name: _____ Phone: _____
Address: _____ E-mail: _____
City: _____ State: _____ Zip: _____

*Please note – No seats are guaranteed. You will receive a training packet via email once you are confirmed.
Please remember to include your e-mail address in order to receive your training packet.*

Energy Efficiency Master Training

Please check date requesting:

- 01/08/09 02/05/09 03/05/09 04/02/09 05/07/09 06/04/09
 07/02/09 08/06/09 09/10/09 10/01/09 11/05/09 12/03/09

Attendees: (Print name as it should appear on Certificate)

- 1) _____
2) _____

Air Duct Cleaning Master Training

Please check date requesting:

- 01/09/09 02/06/09 03/06/09 04/03/09 05/08/09 06/05/09
 07/03/09 08/07/09 09/11/09 10/02/09 11/06/09 12/04/09

Attendees: (Print name as it should appear on Certificate)

- 1) _____
2) _____

Special Request (example – dietary or accommodation requirements)

Please - Complete & Fax toll-free to **1-877-311-1302** to request a seat at training.