



## State Water Heaters 2010 Advanced SUF Training Registration Form

Technician's Name \_\_\_\_\_

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

Contact Person \_\_\_\_\_

Company Address \_\_\_\_\_

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

Company's Email Address \_\_\_\_\_

Company Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Technician's Cell Phone Number \_\_\_\_\_

First Choice

Session # \_\_\_\_\_ Date \_\_\_\_\_

In case first choice is full

Second Choice

Session # \_\_\_\_\_ Date \_\_\_\_\_

### Two Part Registration:

**1) Fax or Email**

423-283-8034

[dhenry@hotwater.com](mailto:dhenry@hotwater.com)

**2) Mail check with form to:**

Debra Harrison/Service Department

P O Box 1597

Johnson City, TN. 37605

(423) 283-8006

Check returned in class

**Do not make airline or hotel reservations until you receive the acceptance confirmation below.**

We ask you bring your **Field Equipment** with you. We will be doing hands on and feel best if you use your own equipment. Only bring digital manometer and voltage meter; no hand tools.

### Do Not Write Below Line

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**Acceptance Confirmation will be faxed back to you when check is received**

Technician's Name \_\_\_\_\_

Has been accepted for the following Session.

Confirmed Session # \_\_\_\_\_

Date Confirmed \_\_\_\_\_ Confirmed By \_\_\_\_\_