



SERVICE TRAINING APPLICATION

Company Information

Company Name: _____			
Street Address: _____			
City, State Zip: _____			
Email address: _____			
Phone Number: _____			
What types of systems do you service more frequently?		<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
How many years of experience with pool dehumidifiers?		<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-10 <input type="checkbox"/> Over 10
How many pool dehumidifiers do you service?		<input type="checkbox"/> 0-10	<input type="checkbox"/> 10-25 <input type="checkbox"/> Over 25
How often do you install new pool dehumidifiers? Every...		<input type="checkbox"/> 5+ years	<input type="checkbox"/> 2-4 years <input type="checkbox"/> Year
What brand does your company install most often? _____			

Attendee Information (for additional attendees complete another form)

1	Attendee Name: _____
	Email Address: _____
	NATE Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No NATE ID #: _____
2	Attendee Name: _____
	Email Address: _____
	NATE Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No NATE ID #: _____
3	Attendee Name: _____
	Email Address: _____
	NATE Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No NATE ID #: _____

Do attendees have any special dietary requirements? _____

Next Steps

Return this completed for to sales@hvacso.com and an invoice will be issued for the registration fee. The payment for the fee must be received by February 14th, 2025 in order to be fully enrolled. An email confirming receipt and enrollment will be issued after everything has been received.