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PLS-CADD Training Registration Form

January 9th – 13th, 2006 – Springfield, Missouri USA

Each attendee must submit the complete form to register – please print.

Attendee Information:

Name (First/Last) _____ Phone _____

Company _____ Fax _____

Address _____ E-Mail _____

City _____ State _____ Zip _____

Payment Information:

Full payment is required prior to the training and must be received in order to reserve a spot for the training. Spots are reserved on a first-come first-serve basis and are limited to 12 people.

Check No. _____ Date Expected _____

I authorize Power Line Systems, Inc. to charge my MasterCard Visa for the amount of \$1,500. Note that Power Line Systems can only accept MasterCard or VISA credit cards that are held by a company (not an individual).

Card No. _____ Expiration Date _____

Cardholder Name _____ Signature _____

Credit Card Billing Address _____
(if different than above) _____

City _____ State _____ Zip _____

Cancellation Policy

Confirmed registrants who do not participate or who cancel after December 1st, 2005, will forfeit their entire registration fee. Power Line Systems, Inc. reserves the right to cancel the training session. In the unlikely event of a cancellation, all registration fees will be refunded.