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PLS-CADD Training Registration Form

January 13th – 16th, 2003 - Portland, Oregon 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 14 people.

Check No. _____

I authorize Power Line Systems, Inc. to charge my

MasterCard Visa for the amount of \$1,000

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 January 1st, 2003, 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.