Ask The Experts-Guest Lecture Series

Peerless Pump Company ~ Indianapolis, IN   WORKSHOP

October 23-25, 2006
REGISTRATION FORM

Name: _____ Title/Position: _____

Division / Department: _____

Company / Organization: _____

Address: _____

City / State / Zip: _____

Office Phone: _____ Fax: _____

Email: _____ Website: _____

Peerless Sales Office or Sales Representative: _____

Peerless / Sales Representative Contact: _____

Customer Type:

☐ Contractor   ☐ End User   ☐ Business Partner / Sales Rep.   ☐ Peerless Employee   ☐ Other

Payment:

Credit Card: _____ Exp. Date: _____ 3 Digit CVV2 on back of card: _____

Check: Made payable to "Peerless Pump"   Purchase Order   #: _____

For more information please call your regional sales manager or the Peerless Pump Learning & Development Office:

Registration Contacts:

JoAnn McCollum, Phone: 317-924-7348   Pete Noll, Phone: 513-295-9346
Send to: jmccollum@peerlesspump.com   *Copy:* pnoll@peerlesspump.com

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Cancellation / Refund Policy:
There will be no charge for registrants who cancel up to three (3) weeks before a class begins. Registrants who cancel less then three (3) weeks of the start of the class will be charged 50% of the course fee if the open seat cannot be filled. Confirmed participants who do not attend their scheduled session will be liable for the entire fee. Costs retained by Peerless Learning and Development may be applied to future courses within a 12-month time frame.

Authorized Signature: _____ **Date:** _____

Registration Procedure:
1. If registering for the **Peerless Pump School,** Fax to (317) 924-7388 or Email to jmccollum@peerlesspump.com
2. You will be contacted at least six weeks prior to the class to confirm your participation. If a class is full, we will contact you and add your name to our wait list. **Do not make travel arrangements until you receive written confirmation.**

Date Received at Peerless Pump: _____ **Received By:** _____

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