



IICRC Class Registration

Contact Name _____		Title _____
Company Name _____		
Street Address _____		
City _____	State _____	Zip _____
Telephone _____	Fax _____	
Email _____		

Names of Attendees _____ _____
Date of Class _____
Title of Class _____

METHOD OF PAYMENT: _____ Full Payment \$ _____ Deposit Amount _____ My check is enclosed Payable to: SunGlo Services		
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ Visa/MasterCard/AmEx (please circle one)
Expires / /	Security Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CREDIT CARD BILLING ADDRESS
Signature _____	Street _____	
Name _____	City _____	ST _____ Zip _____

Return registration form and payment to:
SunGlo Services, ATTN: Traci Morgan
22960 Venture Drive • Novi, MI 48375.

You may fax the form to: (248) 380-0988.

For Further Information Contact:
Traci Morgan at ext. 235 or
morgant@sunglo services.com.

www.sunglo services.com.

I would like hotel
information emailed
to me at the address
listed above.

Cancellation must be notified at least 5 days prior to class to avoid a \$50.00 cancellation fee.