

Infrared for Buildings Registration Form

Today's Date: _____

Name		Job Title	
Company/Agency			
Address			
City	State	Zip	
Work Phone		Work Fax	
Home or Cell Phone (for emergency contact only)			
e-mail address			

Credit card billing address if different than above.

Address		
City	State	Zip

Event:

_____ Infrared for Buildings \$1,495
Oct. 17-20, 2011

Please indicate method of payment:

_____ Check enclosed payable to KBSI
_____ Send invoice
_____ Charge to: ___VISA ___MC ___Amex ___Disc.

_____ Cardholder's Printed Name as it appears on card

_____ Card Number

_____ Expiration Date

If you are planning on bringing your infrared camera to the training, please indicate the following:

Make: _____

Model: _____

Fax this form to: 866-220-3704

For more information, call 877-537-2425