

Program Registration

NAAEI Credentials Course

YES, register me for this course: _	
Classes begin on (enter date of 1st class):	
S	Student Information
Jame:	Title:
Company/Property:	
.ddress:	
ity, State, Zip:	
	Fax:
tudent Cell Number:	Student Email:
Authorized signature (yours or your superviso	or):
Authorized signature (yours or your superviso	PAYMENT INFORMATION:
Authorized signature (yours or your supervise pecial Needs/Requests (including dietary):	PAYMENT INFORMATION: One of the control of the con
Authorized signature (yours or your supervisor pecial Needs/Requests (including dietary):	PAYMENT INFORMATION: No refunds be received ible for the finecessary. Payment Information: Please Invoice (PTAA member option only) Check (Payable to Piedmont Triad Apartment Association) Credit Card:
Authorized signature (yours or your supervisor pecial Needs/Requests (including dietary):	PAYMENT INFORMATION: No refunds be received lible for the frecessary. ks, instruc- OCT Please Invoice (PTAA member option only) Check (Payable to Piedmont Triad Apartment Association) Credit Card:
nuthorized signature (yours or your supervised pecial Needs/Requests (including dietary):	PAYMENT INFORMATION: Please Invoice (PTAA member option only) Check (Payable to Piedmont Triad Apartment Association) Credit Card: VISA Credit Card: Name as it appears on card: Card Number:
Authorized signature (yours or your supervisor pecial Needs/Requests (including dietary): REGISTRATION DEADLINE AND POLICIES: FUITION MUST BE PAID IN FULL WITHIN 2 WEEKS OF THE CLASS. It will be given without WRITTEN notice of cancellation, which must be 4 days prior to the first class meeting. No Shows will be responsifull tuition. PTAA reserves the right to make schedule changes, if the registration fee includes the cost of classroom materials, boolion, national fees and testing. Registration confirmation will not inless specifically requested. NATTENDANCE: You are required to attend all classes. By registering you agree the both eligible to attend and understand the requirements for obtains.	PAYMENT INFORMATION: No refunds be received lible for the finecessary. ks, instructor be given Name as it appears on card: Card Number: Expiration date: Sec Code:
Authorized signature (yours or your supervison pecial Needs/Requests (including dietary):	PAYMENT INFORMATION: No refunds be received lible for the frecessary. ks, instructor be given Name as it appears on card: Card Number: Expiration date: Sec Code:

Fax this completed form to 336.294.4481 or email to Carrie@piedmonttaa.org











MAINTENANCE TECHNICIANS