

Registration Form



Class : _____

Location: _____

Student Information:

Student Name(s)

Company Name

Email

Mailing Address

City

State

Zip

Telephone Number

Fax Number

Payment Method:

Purchase Order # _____

USACD Acct # _____

Check or money order (Payable to USACD)

Credit Card (Circle one)

MasterCard

VISA

American Express

Credit Card Number

Expiration Date

Signature of Cardholder

Authorization: By issuing credit card information, I authorize USACD to process the above amount to the listed credit card number.

Remit to:

Fax your registration to Marie Rohde at (626) 854-6840 or mail form and fees to:

US Air Conditioning Distributors
Attention: Marie Rohde
PO Box 1111
La Puente, CA 91749-1111

Questions?

Please contact Marie Rohde by telephone 626-854-6833 or
by email m.rohde@us-ac.com

