



Certification Review Training Session Registration Form

Personal Information:

Name _____

Address _____

City _____ State _____ Zip/Postal Code _____

Phone _____ Fax _____

E-mail Address (home) _____

Social Security Number (Serves as Test ID Number) (Optional) _____

Company Information:

Job Title _____

Company Name _____

Address _____

City _____ State _____ Zip/Postal Code _____

Phone _____ Fax _____

E-mail Address (work) _____

Membership Status:

Professional Member- Membership # _____ Student Member (Proof of full time included/12 credit minimum) Non-Member

Preferred Mailing Address: Home Work

Please select the date and review session you wish to take.

Pneumatic Specialist (PS)
Hydraulic Specialist (HS)

Chicago, IL - week of May 3, 2010

PS	Monday, May 03, 2010	8:00 a.m. - 5:00 p.m.
PS	Tuesday, May 04, 2010	8:00 a.m. - 5:00 p.m.
PS	Wednesday, May 05, 2010	8:00: a.m - 11:00 a.m.
PS Written Test	Wednesday, May 5, 2010	1:00 p.m. - 4:00 p.m.
HS	Wednesday, May 5, 2010	1:00 p.m. - 5:00 p.m.
HS	Thursday, May 06, 2010	8:00 a.m. - 5:00 p.m.
HS	Friday, May 07, 2010	8:00 a.m. - 5:00 p.m.
HS Written Test	Saturday, May 08, 2010	9:00 a.m. - 12:00 p.m.

St. Louis, MO - week of October 25, 2010

PS	Monday, October 25, 2010	8:00 a.m. - 5:00 p.m.
PS	Tuesday, October 26, 2010	8:00 a.m. - 5:00 p.m.
PS	Wednesday, October 27, 2010	8:00: a.m - 11:00 a.m.
PS Written Test	Wednesday, October 27, 2010	1:00 p.m. - 4:00 p.m.
HS	Wednesday, October 27, 2010	1:00 p.m. - 5:00 p.m.
HS	Thursday, October 28, 2010	8:00 a.m. - 5:00 p.m.
HS	Friday, October 29, 2010	8:00 a.m. - 5:00 p.m.
HS Written Test	Saturday, October 30, 2010	9:00 a.m. - 12:00 p.m.

Payment:

<input type="checkbox"/> Specialist Review	Member \$425	Non Member \$525	\$ _____
<input type="checkbox"/> Specialist Written Test	Member \$260	Non Member \$385	\$ _____ **
<input type="checkbox"/> Written Retake Test	Member \$150	Non Member \$215	\$ _____

**Enter PRE-PAID where applicable.

Total \$ _____

Payment Type:

Payment is required by test deadline date to receive study material and to have test available at location, without incurring additional fees.

Credit Card: MasterCard Visa Amex Check or Money Order Enclosed (in U.S. funds)

Credit Card Number _____ Exp. Date _____

Cardholder Name (Please Print) _____ Signature _____