

REGISTRATION FORM-CONFIRMATIONS WILL BE SENT VIA E-MAIL

TECHNICIAN'S NAME _____ E-MAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

WORK PHONE _____ WORK FAX _____

EMPLOYER NAME _____

EMPLOYER ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

CONTACT PERSON: _____ E-MAIL _____

**FAX (559-325-3547), or MAIL REGISTRATION FORM and FEE to ATSS. IF PAYING BY CHECK, MAKE CHECKS PAYABLE TO "ATSS."
NO REFUNDS OR CREDITS FOR ANY REASON ONCE ENROLLED. NO SUBSTITUTIONS WITHOUT INSTRUCTOR APPROVAL.**

CREDIT CARD INFO (**VISA OR MASTERCARD ONLY**) IF PAYING BY CREDIT CARD:

CARD NUMBER: _____ EXPIRATION DATE: _____

3 DIGIT SECURITY CODE (FROM BACK OF CARD): _____ BILLING ZIP CODE: _____

CIRCLE CLASS(ES) YOU ARE ATTENDING: CLASS ONE (PSD FACT/FICTION) CLASS TWO (6.7L DIAG)

HOW DID YOU HEAR ABOUT THIS EVENT? _____