



American Water Heaters 2010 Advanced HCG Training Registration Form

Technician's Name _____

Company Name _____

Contact Person _____

Company Address _____

Company City _____ State _____ Zip _____

Company's Email Address _____

Company Phone Number _____ Fax _____

Technician's Cell Phone Number _____

First Choice
Session # _____ Date _____

In case first choice is full

Second Choice
Session # _____ Date _____

Two Part Registration:

1) **Fax or Email**
423-283-8034
dhenry@hotwater.com

2) **Mail check with form to:**
Debra Harrison/Service Department
P O Box 1597
Johnson City, TN. 37605
(423) 283-8006
Check returned in class

Do not make airline or hotel reservations until you receive the acceptance confirmation below.

We ask you bring your **Field Equipment** with you. We will be doing hands on and feel best if you use your own equipment. Only bring digital manometer and voltage meter; no hand tools.

Do Not Write Below Line

Acceptance Confirmation will be faxed back to you when check is received

Technician's Name _____

Has been accepted for the following Session.

Confirmed Session # _____

Date Confirmed _____ Confirmed By _____