



Class Initiation Form

This form must be filled out and sent along with the packet of Registration Forms for your trainees

Prepared By: _____

Prepared Date: _____

Preparer's Phone: (____) _____

MANUAL SHIPPING INFORMATION (Manuals will be shipped to this person for distribution)

Attn (Full Name): _____ Company: _____

Street Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

BILLING INFORMATION (If payer is different from above)

Attn (Full Name): _____ Company: _____

Street Address: _____ City: _____

State/Prov.: _____ Postal Code: _____ Country: _____

Phone: (____) _____ Fax: (____) _____ E-mail: _____

TRAINING INFORMATION (Please choose one)

We are using our own Accredited Instructor*

Instructor Name: _____ Training Location Name: _____

Co- Instructor Name: _____ Location Address: _____

Class Date **: _____ City: _____ State/Prov.: _____

Postal Code: _____ Country: _____

Phone: (____) _____

*Exams will be shipped to the address on file for this accredited instructor.

** You must allow 4 weeks between receipt of completed registration materials and class date, or you may receive an expediting charge, or not be able to hold your class.

We are using the Program Administrator to schedule and administer training***

***A representative from the Program Administrator will contact you to schedule a class (based on availability)

PAYMENT INFORMATION

My check is enclosed made payable to Architectural Testing, Inc. (If you do not have a courier account number for shipping, please see the back for shipping and handling fees that must be included in your payment)

Please charge my credit card: American Express Master Card Visa

Credit Card Number: _____ Exp. Date: _____

CVV2 Indicator Code: _____ (This is the three or four digit value printed on the back of the card in reverse italics. This information is generally located after the account # (or portion of the account #) on the signature strip. This value is not embossed on the front of the card)

Name on Card: _____

Cardholder Signature: _____

Cardholder Address: _____

City: _____ State: _____ Postal Code: _____

Invoice me (Current ATI customers in good standing order ONLY)

SHIPPING FEES

*Please provide your UPS or FED-EX account # _____

I do not have a UPS or FED-EX account #, please charge the credit card above for shipping and handling

I do not have a UPS or FED-EX account # and I paid by check, shipping and handling fees are included

I do not have a UPS or FED-EX account # and I am being invoiced for the class, please add shipping and handling (Current ATI customers in good standing order ONLY)

SUMMARY

- 1) Gather all Registration Forms from each of your trainees and separate into classes
- 2) Prepare one Class Initiation Form for each class you would like to schedule
- 3) Send one Class Initiation Form along with the registration forms for each class to the Program Administrator:

Architectural Testing, Inc.
 Attn: InstallationMasters™ Program Administrator
 130 Derry Court
 York, PA 17406-8405

4) All manuals will be sent to the above Shipping Address. All exams will be sent directly to the instructor.

QUESTIONS?

Please contact the Program Administrator: Phone: (717) 764-7700 E-mail: installationmasters@archtest.com