



REGISTRATION FORM

Continuing Education Units
Plumbing, Mechanical, Gasfitter Code



MAIL COMPLETE FORM TO:
Michele Hurt
Long's Corporation
11215-G Lee Hwy
Fairfax, VA 22030

September 4, 2010
ServPro of North Pr Wm County
11430 Balls Ford Road
Manassas, VA 20109

Ph 703-323-1776
Fax 703-385-7446
www.pmpv.org

Name _____
FIRST MIDDLE LAST GEN (Jr, Sr, etc)

Address _____
MUST BE AS IT APPEARS ON YOUR TRADESMAN CARD

City, State, Zip _____

Phone _____ Fax _____ E-mail _____

*Tradesman License Number 2710 - _____

*Date of Birth - ____ / ____ / ____ *SSN or D/L # ____ - ____ - ____

*This information is required by the State Board for Contractors and is only reported to the Board.

Deadline to Register is Aug 27th, 2010

PLEASE CHECK ALL CLASSES YOU PLAN TO ATTEND:

	Member (PMPV/VAPHCC)	Non-Member
<input type="checkbox"/> Mechanical 8:00 – 11:00 am	\$60 _____	\$75 _____
<input type="checkbox"/> Gasfitter 11:00 am – 12:00 noon	\$40 _____	\$60 _____
<input type="checkbox"/> Plumbing 1:00 – 4:00 pm	\$60 _____	\$75 _____

TOTAL ENCLOSED \$ _____

PAYMENT MUST BE RECEIVED IN ADVANCE OF CLASS

Payment Type: Check Money Order Visa/MC (write numbers below)

□ □ □ □ - □ □ □ □ - □ □ □ □ - □ □ □ □

Exp Date ____ / ____ Security Code _____ (last 3 digits on signature line)

Name on Card: _____

Signature of Cardholder: _____

Billing Address if different from above: _____
