



Continuing Education Registration

Each registrant must apply in advance for each course requested. You must include your Name, License #, address and proper payment for each seminar you are registering for:

Each person will receive a certificate of attendance for 4 CEU's per session.

(Please Print Clearly)

Student Name _____ License # _____

Address _____

City _____ NY Zip Code _____

Telephone # _____ e-mail _____

Date of Course _____ Name of Course _____

Date of Course _____ Name of Course _____

Date of Course _____ Name of Course _____

Date of Course _____ Name of Course _____

Date of Course _____ Name of Course _____

Date of Course _____ Name of Course _____

Course Fee is \$70.00 for each, morning or afternoon session.

Register for 2 sessions on the same day and we will buy your lunch.

Morning Session: 8:00 to 12:15 PM.

Afternoon Session: 1:00 PM to 5:15 PM

Total Fee: \$ _____ Payment Method: [] Cash [] Check [] VISA / MC (No AMEX)

Card # _____ Exp. _____

Security Code: _____

Signature _____

Space is Limited!

To insure a seat e-mail, FAX or mail your registration, including payment, to:

ABITCO INC.

American Building Inspection and Training Co., Inc.

6780 Northern Blvd. Suite 301

East Syracuse, NY 13057

FAX: 315-432-4052

E-mail: jmahr@abitcoinc.com

Questions? Call us at: 315-432-5555