

WEATHERIZATION & RETRO-FIT

Training Registration



PARTICIPANT INFORMATION (COMPLETE ATTACHED PAGES FOR EACH ADDITIONAL PARTICIPANT)		
Last Name:	First Name:	Date:
Company Name:		Title:
Address:		Suite #:
City:	State:	ZIP:
Phone:	E-mail Address:	
Class Dates:	Training Location:	

BILLING INFORMATION		
Company Name:		
Address:		Suite #:
City:	State:	ZIP:
Phone:	E-mail Address:	
Class Dates:	Number of Participants:	
Cost per Participant:	Total Cost for all Participants:	

AGREEMENT AND SIGNATURE	
<p>The undersigned Participant or Company hereby agrees to pay in full the training cost specified above no later than fourteen (14) days prior to the first class date specified above. The training cost does not include cost of transportation, meals, lodging or other travel related costs, all of which shall be the responsibility of the Participant or the Company. Participation in the training is at the risk of each Participant, so the undersigned hereby agrees to indemnify and hold harmless GreenFiber and its officers, managers, members and employees from and against any claim, damage, injury, expense or liability incurred by any Participant named above or on the attached pages in the course of receiving the training, while on GreenFiber's premises, or in traveling to or from the training location. The undersigned further acknowledges that Participants may be exposed to confidential or proprietary information of GreenFiber while on GreenFiber's premises, and agrees not to use or disclose, and to ensure that each Participant named above or on the attached pages does not use or disclose, any information relating to GreenFiber or its business that is received or observed by them while on GreenFiber's premises; provided, however, that such restrictions shall not apply to information that is (i) provided as part of the Weatherization & Retro-Fit training class, (ii) in the possession of a Participant or the Company prior to receipt or observation by a Participant while on GreenFiber's premises, or (iii) part of the public knowledge or literature, not as a result of any action or inaction by a Participant or the Company.</p>	
Signature of Participant or Authorized Officer of Company:	Date:
Print Name:	Title:



Additional Participants

PARTICIPANT #2 INFORMATION		
Last Name:	First Name:	Date:
Company Name:		Title:
Address:		Suite #:
City:	State:	ZIP:
Phone:	E-mail Address:	
Class Dates:	Training Location:	

PARTICIPANT #3 INFORMATION		
Last Name:	First Name:	Date:
Company Name:		Title:
Address:		Suite #:
City:	State:	ZIP:
Phone:	E-mail Address:	
Class Dates:	Training Location:	

PARTICIPANT #4 INFORMATION		
Last Name:	First Name:	Date:
Company Name:		Title:
Address:		Suite #:
City:	State:	ZIP:
Phone:	E-mail Address:	
Class Dates:	Training Location:	

PARTICIPANT #5 INFORMATION		
Last Name:	First Name:	Date:
Company Name:		Title:
Address:		Suite #:
City:	State:	ZIP:
Phone:	E-mail Address:	
Class Dates:	Training Location:	



Additional Participants

PARTICIPANT #6 INFORMATION		
Last Name:	First Name:	Date:
Company Name:		Title:
Address:		Suite #:
City:	State:	ZIP:
Phone:	E-mail Address:	
Class Dates:	Training Location:	

PARTICIPANT #7 INFORMATION		
Last Name:	First Name:	Date:
Company Name:		Title:
Address:		Suite #:
City:	State:	ZIP:
Phone:	E-mail Address:	
Class Dates:	Training Location:	

PARTICIPANT #8 INFORMATION		
Last Name:	First Name:	Date:
Company Name:		Title:
Address:		Suite #:
City:	State:	ZIP:
Phone:	E-mail Address:	
Class Dates:	Training Location:	

PARTICIPANT #9 INFORMATION		
Last Name:	First Name:	Date:
Company Name:		Title:
Address:		Suite #:
City:	State:	ZIP:
Phone:	E-mail Address:	
Class Dates:	Training Location:	



Additional Participants

PARTICIPANT #10 INFORMATION		
Last Name:	First Name:	Date:
Company Name:		Title:
Address:		Suite #:
City:	State:	ZIP:
Phone:	E-mail Address:	
Class Dates:	Training Location:	

PARTICIPANT #11 INFORMATION		
Last Name:	First Name:	Date:
Company Name:		Title:
Address:		Suite #:
City:	State:	ZIP:
Phone:	E-mail Address:	
Class Dates:	Training Location:	

PARTICIPANT #12 INFORMATION		
Last Name:	First Name:	Date:
Company Name:		Title:
Address:		Suite #:
City:	State:	ZIP:
Phone:	E-mail Address:	
Class Dates:	Training Location:	