



TRANE®

Registration Form

REGISTRATION

Company _____

Address _____

City/State/Zip _____

Contact _____

Phone _____

Fax _____

Email _____

Confirmation will be sent to email address provided.

of Attendees _____

FIRST ATTENDEE

Attendee Name _____

Course Name _____

Course Date _____

SECOND ATTENDEE

Attendee Name _____

Course Name _____

Course Date _____

THIRD ATTENDEE

Attendee Name _____

Course Name _____

Course Date _____

FOURTH ATTENDEE

Attendee Name _____

Course Name _____

Course Date _____

METHOD OF PAYMENT

Payment must accompany registration

Amount Enclosed \$ _____

Check payable to Trane

Credit Card (Please circle card type)



CC # _____

Exp Date _____

Cardholder Name _____

Billing Address _____

Company Purchase Order # _____

Please send your registration form & payment to Stacey Carroll at Trane 101 Matrix Commons Drive Fenton, MO 63026. Registration form can also be emailed to stacey.carroll@trane.com or faxed to 636-349-0601. Questions? Call Stacey Carroll at 636-305-3610