

REGISTRATION FORM

FAX TO: **Joyce Manriquez**
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DATE: _____

DEALER NAME _____

DEALER ADDRESS _____ PURCHASE ORDER # _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ EXT _____ FAX # _____

CONFIRM TO: _____ E-MAIL ADDRESS: _____

COURSE INFORMATION

Course Code: _____

Course Title: _____ Course Date: _____

PARTICIPANT INFORMATION

Participant: (Please state the exact name the participant will want listed on certificate.)

First _____ Middle _____ Last _____

Job Title (Check only what currently applies)

- | | | | |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> Manager | <input type="checkbox"/> Foreman | <input type="checkbox"/> Field Serviceman | <input type="checkbox"/> Demo Operator |
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> Instructor | <input type="checkbox"/> Shop Serviceman | <input type="checkbox"/> Rep |
| <input type="checkbox"/> Technical Communicator | <input type="checkbox"/> Leadman | <input type="checkbox"/> Superintendent | <input type="checkbox"/> Other |

HOTEL INFORMATION

We are currently reserving rooms at La Quinta, 3180 Goliad Rd., San Antonio, TX 78223 (210-337-7171) Please complete the section below if a room is needed.

Will a room be needed? Yes _____ No _____

Non-Smoking _____ Smoking _____

Arrival Date _____

Departure Date _____