Compressed Air Challenge® Training Authorization Form

TRAINING HOST INFORMATION

Name _____

Company _____

Company Address _____

City _____State _____Zip _____

Phone _____Fax _____

Email _____

TRAINING DETAILS

I am interested in hosting *Fundamentals or Advanced Management of Compressed Air Systems* (underline what is applicable) training at the above location(s).

Tentative Date(s)/Location(s)_____
Date City State

Tentative Date(s)/Location(s)_____
Date City State

Training Co-Hosts_____

_____

❑ **I would like the training to be included on the CAC's training calendar. If checked, please include registration contract information below.**

Name _____

Phone _____Email _____

AUTHORIZATION GUIDELINES

- I agree to abide by the *Guidelines for Hosting Compressed Air Challenge Training*
- I agree to conduct a product-neutral Compressed Air Challenge training.
- I agree to use only official *Fundamentals* or *Advanced* training materials and CAC-qualified instructors.
- I agree to be held responsible for all liabilities and costs associated with the training session, such as marketing, instructor fees and travel expenses, training materials and supplies, and logistics.

_____

Host Signature Date