



Training Authorization Form

Name _____

Company _____

Company Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Tentative Date(s)/Location(s) _____				
	Date	City	State	
Type of Training	Fundamentals	Advanced		
Instructor Names _____				

Tentative Date(s)/Location(s) _____				
	Date	City	State	
Type of Training	Fundamentals	Advanced		
Instructor Names _____				

- We agree to abide by the Guidelines for Hosting Compressed Air Challenge Training
- We agree to conduct a product-neutral Compressed Air Challenge training.
- We agree to use only official Fundamentals or Advanced training materials and CAC-qualified instructors.
- We 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.

We will be co-hosting the training with:

Signature

Date