



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 of Compressed Air Systems* or *Advanced Management of Compressed Air Systems* (**circle applicable training**).

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

Instructor(s) _____

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

Instructor(s) _____

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.

SIGNATURE

Host Signature _____

Date _____