**­­­­  2024-2025 Lync Training Registration For****m**

[ ]  Lync Bootcamp – 2 days. Target Audience = New Rep Firm Employees, Blauvelt NY or Fort Worth TX (CIRCLE LOCATION), No charge

[ ]  Lync Aegis Heat Pump Systems: Service Technical Unit Startup Class - 1 day, Blauvelt NY or Fort Worth TX (CIRCLE LOCATION), No charge

[ ]  Lync Water Sampling and Analysis – 1/2 day, Blauvelt NY, No charge (Water samples from problem sites welcome!)

To ensure a spot in an upcoming class, this completed form must be submitted to your local Lync sales representative for processing.

You can find your local Lync sales rep using a zip code locator on our website at: [www.lyncbywatts.com](http://www.lyncbywatts.com) > “How to Buy”.

Notice of cancellation must be received at least 7 days prior to the scheduled class date to receive a refund.

Upon receipt of this form and **payment, if applicable**, you will receive confirmation of your reservation.

**Rep Firms - Submit this completed form to training@lyncbywatts.com for processing.**

**No travel reservations should be made until you have received confirmation of your registration.**

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| **Name of Attendee** | **E-mail Address of Attendee** | **Accommodations** | **Class Start Date** |
| 1.
 |      | Must be made by attendee |       |
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 **Authorizing Person or Supervisor Payment Information – if applicable**

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|       |  | ***Payment must be by check or credit card only. Purchase orders will not be accepted. Class confirmation will not be made until payment has been received.***  |
| *Primary Contact* |
|       | [ ]  Check or Money Order Enclosed (**Payable to Lync and include Acct #6125-00-01-65-11)** |
| *E-Mail*  |
| (     )      | [ ]  Credit CardBy electing to pay electronically with a credit card, we will be sending you an email with a link to PayTrace.com. You will be guided through the process to complete your secure payment online. Once payment has been processed, we will send a letter of confirmation.  |
| *Phone* |
|       |
| *Company Name*      | ***Payee’s First/Last Name:­­­­­­­­­­­­­­­­­­­­­­\_\_***     ***Payee’s Phone Number: \_\_***      |
| *Street Address* | ***Payee’s Email Address: \_***     ***\_***  |
|       |  |
| *City State Zip* | ***Please note that the PayTrace link has an expiration date. If the expiration date has expired and payment is not received, you will have to re-submit registration.*** |
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