



## INSTRUCTOR QUALIFICATION WORKSHOP REGISTRATION

Date: \_\_\_\_\_

### WORKSHOP FEE:

- Cost: \$400 IQW Registration Fee (Fee for attending an IQW not held at your employers facility)
- Cost: \$250 IQW Hosting Facility Attendee Registration Fee (IQW held at a facility where attendee is employed)

### SCHOOL INFORMATION:

Career and Technical School: \_\_\_\_\_

Address (No PO Boxes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### INSTRUCTOR INFORMATION:

Name (First, Last): \_\_\_\_\_

Address (No PO Boxes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Send materials to:  School Address  Instructor Address

Would you like to be contacted about becoming an I-CAR instructor?  Yes  No

### PAYMENT INFORMATION (Payment MUST accompany this form):

Payment Type:  VISA  Mastercard  AMEX  Check  Purchase Order

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Amount to Charge: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Purchase Order Number (Make Purchase Order to I-CAR): \_\_\_\_\_

*\*Please include a copy of the purchase order with this form.*

Check Number (Make check payable to I-CAR): \_\_\_\_\_

### MAIL OR FAX TO:

I-CAR Training Support Center

5125 Trillium Blvd.

Hoffman Estates, IL 60192

Phone: 800.422.7872, Ext. 288 Fax: 847.590.1215