

# Flex-C-Ment Training Registration Form

Complete this form and send check or money order to:

FLEX-C-MENT PRODUCTS

1205B PALESTINE ROAD

PICAYUNE, MS 39466

or you may Fax this form with your credit card information to: (601)798-1069.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Desired Training Dates \_\_\_\_\_

(for available dates see website: [www.flex-c-ment.com](http://www.flex-c-ment.com) or call: 888-515-2132)

Cost - \$450.00 for first person, \$300.00 for each additional person from same company.

#Attending \_\_\_\_\_

Total Cost \_\_\_\_\_

Please list the first and last names of all the attendees. 1) \_\_\_\_\_,  
2) \_\_\_\_\_, 3) \_\_\_\_\_,  
4) \_\_\_\_\_, 5) \_\_\_\_\_

Please answer the following questions:

Your current Business Type: \_\_\_\_\_

You are interested in: (circle one)

Becoming a Flex-c-ment Dealer/Installer

Becoming a Flex-c-ment Distributer

## CREDIT CARD INFORMATION

TYPE OF CREDIT CARD: (circle one) Master Card Visa

CREDIT CARD NUMBER: \_\_\_\_\_

CARDHOLDER'S NAME: (as appears on card) \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

EXPIRATION DATE OF CREDIT CARD: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorization Code (three digit # on signature line) \_\_\_\_\_

**Description of Charges:** Flex-C-Ment a div. of T.I.R. Inc. **TOTAL \$**

I hereby authorize Flex-C-Ment Products div. of T.I.R. Inc. to apply the total amount shown above to the referenced credit card account.

\_\_\_\_\_  
Please **print** your name

\_\_\_\_\_  
Please **sign** your name

By my signature, I authorize the user of the card identified on this item to pay the amount shown as total upon proper presentation. I agree to pay such total (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card. I agree to hold harmless Flex-C-Ment and all related companies from any and all liability arising out of this authorization, including consequential damages.

Please note all classes are filled on a "first come first serve" basis. **\*\*Note: Any cancellations within one week before your training date will be subject to a \$100.00 refund fee. This includes no shows.**

Flex-C-Ment (a division of Turley International Resources)

1205B Palestine Road, Picayune, MS 39466

Ph: (888)515-2132- Fax: (601)798-1069.

