



Training Registration Form

Please print clearly and fill-in completely – ONE STUDENT PER REGISTRATION FORM

Participant Name: (as you want it to appear on your certificate)				
Company Name			Phone Number	
			- -	
Billing Address: PO Box or Street (your certificate will be mailed to this address)				
City			State	Zip
Email				
Emergency Contact Phone Number (please provide a number where we can reach you directly in case of class cancellation)				
Course Preferences				
Course Name	Location	Date	Tuition	Total
1				
2				
3				
Total \$USD				

Please note: Payment must accompany this registration form to hold a seat. Please do not send cash. No refunds will be made for cancellations made less than 3 days before a scheduled class or for failing to attend the class. Cancellations received 3 days before the schedule class will have their training fee applied towards a future class of their choosing or be reimbursed. Individuals who fail to show up for the class will be charged a minimum \$25. MN Air reserves the right to turn away walk-ins. **MN Air cancellation policy excludes Carrier sponsored classes. See Carrier class flyer for cancellation process.**

To Pay by Credit Card: (Check card type) ___ Visa ___ MasterCard ___ Discover

CARD NUMBER: _____ EXP. DATE: _____

CARD HOLDER'S NAME: _____
(As name appears on the card)

To Pay by Check:

Please make check payable to Minnesota Air Inc, attach to this form, and remit to the following address:

Minnesota Air Inc
Attn: Matt Xiong
6901 W. Old Shakopee Road
Bloomington, MN 55438

To Pay by Purchase Order: (must have a current account with Minnesota Air)

Minnesota Air Account Number: _____ PO#: _____

Fax this completed form to: Minnesota Air Inc, Attn: Matt Xiong, Fax # (952) 918-8080

OR

Email completed form to: mxiong@minnair.com

For assistance in completing this form, please contact Matt Xiong at 952-918-8046.
6901 W. Old Shakopee Rd. • Bloomington, MN 55438 • Phone: 952.918.8000 • Fax: 952.918.8080 • www.minnair.com

OFFICE USE ONLY

Date Received:	Date NXTREND Entry:	Invoice #	Check #
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Distributor of:

