



Film Product Installation Training Registration Form

Topic Choice

- Automotive Window Film (standard or safety)**
\$1000.00 USD/person • Five Day Course • Tool Kit Provided • Lunch Included
- Architectural Solar & 4/6 mil Safety Films (Residential/Commercial)**
\$600.00 USD/person • Two Day Course • Tool Kit Provided • Lunch Included
- Auto Paint Protection Film**
\$850.00 USD/person • Two Day Course • Tool Kit Provided • Lunch Included
- Advanced Safety & Security Film (Architectural) / 7 mil + and Anchoring Systems**
\$300.00 USD/person • One Day Course • Tool Kit Provided • Lunch Included

Planned Date of Attendance _____

Attendee Information

Name(s) _____

Company Name _____

Address (home or business) _____

City, State, Zip Code _____

Daytime Phone Number _____

Email Address _____

Payment**

- Cashier's Check / Money Order ** (Make cashier's check or money order payable to 'Solutia Inc.')
- Bill to My Existing Business Account (Owner authorization & must be actively purchasing Solutia products)
- Credit Card ** (Sorry, we do not accept debit card)

**** Payment must be delivered to the appropriate Training Facility address below, preferably well in advance of attending any of Solutia's training sessions (preferably 1-3 weeks prior to start date).**

Complete and return this form along with class fee to the appropriate address listed.

<p>Solutia's Mid-Atlantic Regional Center Installation Training Rep. 4210 The Great Rd Fieldale, VA. 24089 (Martinsville Training Site) Ph: 800.851.7781 Fax: 276.627.3865</p>	<p>** Solutia's Texas Regional Center Installation Training Rep. 1385 Westpark Way Euless, TX. 76040 (Dallas Training Site) Ph: 800.762.3328 Fax: 817.354.4274</p>	<p>** Solutia's Western Regional Center Installation Training Rep. 1849 West Sequoia Av Orange, CA. 92868 (Los Angeles Site) Ph: 800.447.8468 Fax: 714.634.0975</p>
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CREDIT CARD ACCEPTANCE FORM

CUSTOMER'S NAME: _____

COMPANY NAME (optional): _____

CARDHOLDER'S NAME (if different from above): _____

CARDHOLDER'S ADDRESS: _____

CARDHOLDER'S PHONE NUMBER: _____

CARDHOLDER'S DRIVERS LISCENSE #: _____

STATE ISSUED: _____



NAME OF CARD: _____

CREDIT CARD BILLING ADDRESS (if different from above): _____

ISSUING BANK NAME: _____

BANK PHONE NUMBER: _____

CREDIT CARD TYPE: Mastercard VISA

CARD NUMBER: _____

EXPIRATION DATE: _____

SECURITY CODE: _____

I hereby grant Solutia Inc. authorization to charge the above credit card number for fees related to training class cost.

X _____

CARDHOLDER'S AUTHORIZING SIGNATURE

DATE SIGNED: _____

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