



**RESERVATION FORM**

**KEATING CERTIFICATION TRAINING  
SERVICE SCHOOL FOR TECHNICIANS  
FAX TO: 708-246-3100**

**YES, PLEASE REGISTER THE FOLLOWING TECHNICIANS  
FOR THE KEATING SERVICE SCHOOL ON:  
(PLEASE PRINT NAMES)**

**October 21<sup>ST</sup> – 22<sup>ND</sup>, 2011**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**PROGRAM SCHEDULE:**

- 1. Service School hours are 8:30 a.m. - 4:00 p.m. on the first day and 8:30 a.m. – 1:30 p.m. on the second day. Participants should plan to arrive on the evening before the training session begins. For those departing by air, flights should be scheduled for approximately 4:30 p.m.
- 2. Transportation between airport, hotel and the Keating headquarters will be provided.
- 3. Keating will provide two day's lodging (double occupancy for those from the same company) beginning the night before the training session begins and the following day. Meals will be provided beginning with breakfast on the first day and ending with lunch on the second day. All other refreshments, meals and additional hotel nights will require individual arrangements.
- 4. Cancellation policy: As Keating will have guaranteed hotel and dinner reservations, we must bill those who cancel within five working days of the start of the session, i.e. by 5:00 p.m. Friday of the previous week (October 14, 2011). Please understand that the hotel is not flexible in this regard. Cancellation will cost approximately \$275.00.

I understand and agree to the arrangements and requirements of the Keating Service School.

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_