



# Fence Training School Application

We are applying for employee(s) from the following company to attend the NAFCA Fence Training school in Sebring, Florida on February 19,20,21 2018. Please be advised that the school has a limited amount of spots available and applications are accepted on a paid, first-come, first served basis. PLEASE PRINT CLEARLY OR TYPE:

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Please check the appropriate registration fee (per person rate):

- NAFCA Member.....\$795 (Double Room Occupancy)
- NAFCA Member.....\$1200 (Single Room Occupancy)
- CFIA Member.....\$895 (Double Room Occupancy)
- CFIA Member.....\$1295 (Single Room Occupancy)
- Non Member.....\$1045  
Includes NAFCA membership

The cost of registration includes: hotel accommodations, Breakfasts and lunches and Graduation Dinner, and course instruction. Hotel accommodations start on Sunday February 18<sup>th</sup> and end February 22<sup>nd</sup> at noon, 2018.

The following person will attend (please print or type and provide all information):

Name \_\_\_\_\_ Age \_\_\_\_\_ Nickname \_\_\_\_\_

Position in Co. \_\_\_\_\_ Yrs. of Fencing Experience \_\_\_\_\_

Emergency name and phone number \_\_\_\_\_

Birthdate: \_\_\_\_\_  Male  Female

Smoking Room?  Yes  No

Highest Education Level Achieved \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Nickname \_\_\_\_\_

Position in Co. \_\_\_\_\_ Yrs. of Fencing Experience \_\_\_\_\_

Emergency name and phone number \_\_\_\_\_

Birthdate: \_\_\_\_\_  Male  Female

Smoking Room?  Yes  No

Highest Education level Achieved \_\_\_\_\_

### PAYMENT OPTIONS

**Credit Card**  Visa  MasterCard Total Amount (U.S. Funds) \$ \_\_\_\_\_

*\*\* When paying with Credit Card please scan **signed** application and email to [info@4nafca.com](mailto:info@4nafca.com) this will ensure your seat is reserved\*\**

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If card holder is other than contact, Indicate below (please print):

Card holder's Name: \_\_\_\_\_

**Check**  Check (payable to NAFCA) Total Amount (U.S. Funds) \$ \_\_\_\_\_

*\*\* Please mail check (\$1.20 Postage) along with **signed** application to NAFCA address listed below\*\**

**Remember seats are not reserved until payment has been received. NAFCA FTS Chairman will provide a confirmation email upon receipt of payment.**

I understand the school is limited to Twenty-Eight (28) registrants, and space in the school is granted on a paid, first-come, first-served basis. Travel plans to attend should not be made until confirmation email has been received from NAFCA FTS Chairman. The aforementioned participant(s) will bring: Work boots, rain gear, gloves, safety glasses, pliers, tape measure, small level, hearing protection, and company sign, I can expect detailed instructions from NAFCA upon arrival of registration. Students participating from the same company will not be paired together in the same room. Room assignments will be selected at random. Refund of fees, less \$100 administrative fee, will be made only if vacated space in class is filled. All participants are physically fit and have no medical problems. We hereby release and hold harmless NAFCA and all its agents from any and all liability in connection with our employee's participation in this school. We warrant that our employee(s) are properly covered by our own workers compensation insurance. I understand that any type of employee solicitation is strictly prohibited, will not be tolerated, is cause for immediate dismissal from the school without any refund or other recourse, and can be full cause and justification for consideration of expulsion from membership in the North American Fence Contractors Association

Contacts Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### North American Fence Contractors Association

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Fax: 1(613)-543-3975  
Email: [info@4nafca.com](mailto:info@4nafca.com)

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