

School for Advanced Segmental Paving Presents
PERMEABLE PAVER SYSTEMS
APPLICATION / REGISTRATION

Attendee's Name: _____ Badge (Nickname): _____
Company: _____ Title: _____
Website: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Cell: _____ I am *under* 21 years of age. I am 21 years of age or *older*.
ICPI Member: Yes No ICPI Certified: Yes No Shirt size: S M L XL XXL XXXL
Are you sponsored by any of the following school supporters? Founder Interlock Society Paver Patron Base Sponsor Self
Sponsor Company _____ Sponsor Contact name _____
Sponsor Phone _____ Sponsor Email _____
Please indicate which Hotel you will be staying at: Marriott Fairfield Inn Super 8
Discount certificate number: _____ Certificate Amount: _____

Please Check Class Date: **Registration Deadline is two weeks prior to class beginning!**

Please choose one Class:

Permeable Paver Systems (1 day) \$440

- Limited to 30 students to maintain optimum hands-on approach.
- Students are required to check into hotel the evening before class begins to be prepared for prompt 9:30am class.
- Mention PAVE TECH to get discounted hotel rates.
- Framed certificate of completion upon graduation.
- Upon approval of registration, a confirmation email will be sent out to each student. Ensure valid email is legible.

ALL future correspondence will be sent electronically.

Breakfasts, Lunches and Transportation to and from hotel will be provided.

Payment (All Major Credit Cards Accepted): Visa MasterCard Discover American Express
Credit Card # _____ Expiration Date: Month _____ Year _____
Card Holder Name (Print): _____ Card Billing Zip: _____
Signature: _____ Date: _____

Note: All credit cards will be charged at time of registration or within 60 days of class.

All SASP classes are subject to minimum enrollment standards. Please do not schedule flights and hotel reservations until you have received a confirmation phone call two weeks prior to the scheduled class start date. SASP will not be responsible for any fees incurred through cancelled flights and/or hotel reservations.

Print, Fill out & Fax this Form to 262-884-8006

This application will not be processed unless both pages are filled out and submitted.

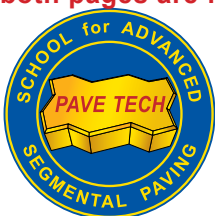
DO NOT WRITE BELOW - FOR OFFICE USE ONLY!

Note: Your credit card will not be charged unless application is approved.

Status of this application: Approved Disapproved
Name: _____ Date: _____

Cancellation Policy

Over 60 Days Prior - \$50.00 fee or \$ 25.00 Re-schedule fee
60 to 31 Days Prior - 60% Refund or \$ 250.00 Re-schedule fee
30 to 15 Days Prior - 30% Refund or \$ 500.00 Re-schedule fee
14 Days or less Prior - No Refund (Up to \$ 250.00 for future classes)



8626 Hollander Drive
Franksville, WI 53126
Phone: 262-884-8000
Fax: 262-884-8006
E-mail: info@paverschool.com
www.paverschool.com

Attendee's Name: _____

Brief Company History

Number of Employees: _____

Residential - Years Experience _____ Projects per year _____ **Commercial** - Years Experience _____ Projects per year _____

Years of Paver Experience: _____ Years of Supervisory Experience: _____

Experience with the following: Asphalt Slabs Natural Stone Flat Work Concrete Pavers
 Clay Pavers Steps Columns Seat Walls Retaining Walls

Number of Non-Union Crews: _____ Number of Union Crews: _____

Largest Paver Supplier: _____

Largest Permeable Paver Supplier: _____

Brief History of Company's involvement in Segmental Paver Construction: _____

Brief Job/Company Description: _____
