



PRIMUS Sterilizer Company, LLC

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Email: info@primus-sterilizer.com URL: www.primus-sterilizer.com

STEAM STERILIZER SCHOOL REGISTRATION FORM

| | | | |
|---|---|------------------------------|--|
| First Name | | | |
| Last Name | | | |
| Firm Name | | | |
| Address | | | |
| City | State | Zip Code | |
| | | | |
| Phone Number | | Fax Number | |
| | | | |
| Email | | | |
| School Dates: | | Registration Date: | |
| | | | |
| Level of Sterilizer Service Knowledge (Rate Using 1 – 5, with 5 Being Highest) | | Years of Experience | |
| Amount \$1,950 | Additional Attendee(s) \$975 | Accounting to Invoice | Pay with Credit Card (Visa or Mastercard) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|----------------------------------|-------------------------------|--|--|
| Attendance Authorized by: | | | |
| Printed Name: | | | |
| Title: | | | |
| Date: | Purchase Order Number: | | |
| | | | |

Thank you for registering for PRIMUS' **Steam Sterilizer School**. This class is offered at our Corporate Training Center in Omaha, Nebraska to customers at a cost of \$1,950.00 for the first attendee with a second or more attendee(s) from the same organization at \$975.00. Complete one form for each attendee. Cost covers class and class materials. All trainees are responsible for their airfare, accommodations and meals (lunch provided by PRIMUS) while attending the school.

Please complete this form and mail, fax or email to PRIMUS with a purchase order for the **Steam Sterilizer School**. If you wish to pay for the course with a credit card, we will contact you upon receipt of registration. A confirmation and instructions on making your hotel reservations at the PRIMUS group rate will be sent to you approximately one month prior to the start of the course. You will be invoiced for the class prior to the start date.

If you have any questions, please contact Amanda Rose, at 402-344-4200 x1229 or arose@primus-sterilizer.com or Dave Schall at 402-344-4200 ext 1212 or dschall@primus-sterilizer.com. Return registration form to Amanda Rose via email or fax to 402-344-4242.