

**Amerimid Consulting Services, Inc**  
presented by **Backflow Consulting Testing & Repair, Inc**  
Office: 303-261-1277    FAX: 303.537.0129    e-mail: info@backflowconsulting.com  
15403 E. 17th Ave. Suite F. Aurora, CO 80011

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**CLASS REGISTRATION**

Date: \_\_\_\_\_

**Student Information:**

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

Cell Phone: \_\_\_\_\_

ABPA Cert. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

ASSE Cert. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Employer Information ( Required )**

Company/Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**Class Information**

**BFC-201**, 40 hour initial training, **\$685.00**, **Date of Class:** From \_\_\_\_\_ To \_\_\_\_\_

**BFC-204**, 20 hour review, **TBD** (see note on class schedule), **Date of Class:** From \_\_\_\_\_ To \_\_\_\_\_

Other, \_\_\_\_\_ **Date of Class:** From \_\_\_\_\_ To \_\_\_\_\_

**Payment Method**

Check # \_\_\_\_\_ Makes Checks payable to: Amerimid Consulting Services, Inc

P.O.# \_\_\_\_\_

Credit Card:     Visa             Mastercard

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Name on card: \_\_\_\_\_

**Please Note**

- ❖ STUDENT MUST HAVE HIGH SCHOOL DIPLOMA OR GED.
- ❖ STUDENT MUST BE SPONSERED BY A COMPANY/EMPLOYER.
- ❖ CLASS SIZE IS LIMITED TO APPROXIMATELY 15 STUDENTS.
- ❖ SUBMIT THIS FORM A MINIMUM OF TWO (2) WEEKS PRIOR TO CLASS START DATE.
- ❖ THE CLASS IS FILLED ON A FIRST COME FIRST SERVED BASIS.
- ❖ YOUR SEAT IS HELD ONLY WITH PAYMENT
- ❖ PLEASE FAX (303.537.0129), EMAIL (INFO@BACKFLOWCONSULTING.COM) OR MAIL REGISTRATION FORM