



PBE TRAINING CENTER REGISTRATION

Name _____

Address _____

City/State/Zip _____

Company _____

Phone _____

Fax _____

E-Mail _____

What class(es) would you like to attend?

1) _____

2) _____

3) _____

There is a \$25.00 deposit fee to hold your seat. Balance of class fees due on day of training. Make check out to Pine Bush Equipment.

Please mail form and deposit payment to:

**Pine Bush Equipment Co.
Attn: Lee Drake
P.O. Box 106,
Pine Bush, NY 12566**