



Hydraulic Institute Members Receive a 25% Discount on Educational and Training Materials

Prices below for reference only, please indicate in payment section when completing registration on next page

HI Member Live Webinar Pricing				
# of Attendees	1 Part	2 Part	3 Part	4 Part
1	\$89.25	\$119.25	\$149.25	\$179.25
2-5	\$71.40	\$95.40	\$119.40	\$143.40
6-10	\$62.75	\$83.75	\$104.75	\$125.75
11+	\$53.55	\$71.55	\$89.55	\$107.55

Public Live Webinar Pricing				
# of Attendees	1 Part	2 Part	3 Part	4 Part
1	\$119.00	\$159.00	\$199.00	\$239.00
2-5	\$95.20	\$127.20	\$159.20	\$191.20
6-10	\$83.30	\$111.30	\$139.30	\$167.30
11+	\$71.40	\$95.40	\$119.40	\$143.40

***Pricing listed subject to change**

****Please note that each individual registration counts as a seat is for 1 person, and not intended to be viewed as a group. PDH credits are only available for registered participants of the live session. For any questions or inquiries, please contact us at 973-267-9700 or support@pumps.org for details.**

NOTE: Group registrations **MUST** be submitted together for group prices. Please print and complete as many of the registrant forms needed for group registrations.

RECEIVING THE ACCESS LINKS: Once your payment is processed, you will receive a receipt and document containing the access link(s) for the session. **You will be responsible for distributing the link(s) to your group.** Group registrants will also individually receive a reminder email with the access link(s) the morning of the session.



***PLEASE INDICATE PRODUCT ITEM #** _____

REGISTRANT INFORMATION

First Name: _____ Last Name: _____

Company/Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email (for registration confirmation and PDH certificate if applicable): _____

PAYMENT INFORMATION

- Individual registration, please charge card below
- Part of group, please charge card below
- Part of group, please charge entire group to same card below

Total number of registrants: _____

Credit card type (please circle one): VISA MasterCard AMEX

Credit card # Expiration date CVV code

Name on card: _____ Signature: _____

Billing address (if different than above): _____

City: _____ State: _____ Zip: _____

PLEASE RETURN FORM(S) TO: Susan Dunn at sdunn@pumps.org or fax to (973) 267-9055

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