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

*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 training@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.

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## HI Member Live Webinar Pricing

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<th>2 Part</th>
<th>3 Part</th>
<th>4 Part</th>
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## Public Live Webinar Pricing

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

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

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First Name: ___________________________ Last Name: ___________________________

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Address: ___________________________

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

Credit card #: ___________________________ Expiration date: ___________________________ CVV code:

Name on card: ___________________________ Signature: ___________________________

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