



**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*

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

<b>Public Live Webinar Pricing</b>				
<b># of Attendees</b>	<b>1 Part</b>	<b>2 Part</b>	<b>3 Part</b>	<b>4 Part</b>
<b>1</b>	\$119.00	\$159.00	\$199.00	\$239.00
<b>2-5</b>	\$95.20	\$127.20	\$159.20	\$191.20
<b>6-10</b>	\$83.30	\$111.30	\$139.30	\$167.30
<b>11+</b>	\$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 [training@pumps.org](mailto: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.



**\*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](mailto:sdunn@pumps.org) or fax to (973) 267-9055

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