



Thank you for your interest in Pump Systems Matter (PSM) Basic Training Subscription. This is a two page form. Both sides must be completed and signed in full. Please return this form with the appropriate annual fee to the fax number, email, or mailing address below. If you have any questions, please contact us at [training@pumps.org](mailto:training@pumps.org).

**GENERAL COMPANY INFORMATION:**

COMPANY NAME \_\_\_\_\_

ADDRESS LINE 2 \_\_\_\_\_

ADDRESS LINE 3 \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

WEBSITE \_\_\_\_\_

**\*PRIMARY COMPANY CONTACT AND ADMINISTRATOR:**

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS (if different from general address) \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

\*The Primary Company Contact and Administrator's name and email will be put on the PSM Basic Training website page as the contact for the subscribed company listed on this form. This person will be the main point of contact between the subscribed company and PSM. This person is responsible for managing access within the subscribing organization.

**PRICING MATRIX:**

Package	Total Headcount	Annual Fee
A	1-10 Employees	\$899.00
B	11-99 Employees	\$1,600.00
C	100-499 Employees	\$3,000.00
D	500-4,999 Employees	\$5,000.00
E	5000+ Employees	\$8,000.00

Annual fee: \$ \_\_\_\_\_

**PAYMENT METHOD:**

Check payable to Pump Systems Matter enclosed

Purchase Order Number for Invoice: \_\_\_\_\_

Send Invoice to Billing Contact Below

Pay with Credit Card  
(please complete authorization form below and return to Susan Dunn at [sdunn@pumps.org](mailto:sdunn@pumps.org) or the fax number listed below)

**BILLING CONTACT:**

NAME \_\_\_\_\_

ADDRESS (if different from general address) \_\_\_\_\_

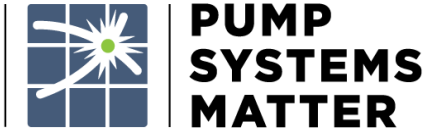
CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TITLE \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_



# Pump Systems Matter Basic Training Subscription Form

## SUBSCRIPTION REQUIREMENTS:

In order to be granted access to the PSM Basic Training subscription a company must:

1. Fill out and submit a Pump Systems Matter Basic Training Subscription Form listing contact information, billing information, and provide signature of acknowledgment.
2. Select the appropriate package based on company size (see pricing matrix on this form).
3. Assign a staffmember from the company to serve as the primary company contact and administrator. Responsibilities include:
  - Set up company subscription with PSM staff
  - Manage subscription user access annually
  - Monitor usage of seats by adding/ removing company users as needed
4. Submit payment to Pump Systems Matter.

## SUBSCRIPTION ACCESS INCLUDES:

Subscription access to PSM Basic Training provides the following:

1. 365 days of online access from the designated start date or the date payment is received.
2. Video training on pumps, pump systems, components, and general topics.
3. White Papers on various topics.

### NOTE:

- You may unsubscribe, upgrade, or downgrade your subscription service at any time by emailing [training@pumps.org](mailto:training@pumps.org).
- It is important to note that one seat allows one user at a time to access PSM Basic Training content. Two or more seats allow multiple simultaneous users up to the number of seats purchased.
- Sharing PSM Basic Training content outside of the subscribed organization is not permitted. Doing so can result in immediate cancellation of subscription.

## ACKNOWLEDGEMENT:

By affixing my signature to the bottom of this form I acknowledge I have read and agree to the following:

- I am representing the organization mentioned in this form.
- I have read, understand, and agree to the requirements outlined in the Subscription Requirements and Subscription Access of this form.
- I understand that a subscription to PSM Basic Training does not imply membership or membership benefits to the Hydraulic Institute.
- I agree to have the Primary Company Contact and Administrator listed on the PSM Basic Training site as the contact for the company previously mentioned in this form.
- I acknowledge and agree that the company subscription to and use of any of PSM products requires and is contingent upon acting in good faith, reasonably and with full and fair disclosure at all times.

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Name

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Signature

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Date of Application



# Pump Systems Matter Credit Card Authorization Form

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## GENERAL INFORMATION:

NAME

EMAIL FOR RECEIPT

COMPANY NAME

ADDRESS LINE 2

ADDRESS LINE 3

CITY

STATE

ZIP

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## CARD INFORMATION:

CARD TYPE

CARD NUMBER

EXPIRATION

CVC

NAME ON CARD

AUTHORIZED SIGNATURE

DATE

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## AMOUNT

AMOUNT: \_\_\_\_\_