



Dixon Hose Coupling Workshop

Registration Form

Distributor Information

Company Name: _____

Street: _____

City, State, Zip: _____

E-mail: _____

Cust ID (Internal): _____

Class Location

Dixon Chicago Branch
 40 Chestnut Avenue
 Westmont, IL 60559
 630-323-4442

Class dates: (This is a one day workshop; please enter date in following attendee table)

- Tue – June 23, 2015
- Wed – June 24, 2015
- Thur – June 25, 2015

Classes will be filled on a
first-come, first-served basis

Attendees: Please **Print Clearly** for Certificates & Name Tags

Name	Date Requested	Tee-Shirt Size
1.		
2.		
3.		
4.		
5.		
6.		

Cost per Student

(Includes continental breakfast, lunch and all class materials) **\$50.00**

Purchase Order

Authorized Manager:

(Please print clearly)

Registration DEADLINE: 6/8/2015
E-mail cnugent@dixonvalve.com

Please fax to: **1-800-283-4966**
 Attn: Cherie Nugent

Dixon
 800 High Street
 Chestertown, MD 21620
 410.778.2000 phone
 410.778.4702 fax
 dixonvalve.com