



2017 PROTECT-ALL® **Installation Training Information**

Dear PROTECT-ALL Installer:

Thank you for your interest in participating in an installation training class for PROTECT-ALL Commercial Flooring. Our installation class is designed to familiarize qualified vinyl flooring installers with the components of our flooring system, provide hands-on understanding, along with proper installation techniques. The class focus is on the installation of PROTECT-ALL Commercial Flooring and covers concrete testing, proper adhesive use, welding, as well as approved installation, waterproofing, and seaming techniques. Please note that this is a "hands on" class; appropriate work clothing is recommended.

- Attendees will be **required**:
 - To have a minimum of four years experience with commercial vinyl sheet flooring and welding techniques.
 - To prepay the training fee of \$200 per person two weeks prior to the training class.
 - To satisfactorily complete all instruction and techniques in class to obtain factory trained installer status.
 - Approval from a Protect-All Regional Sales Manager.

Classes begin at 8:00 a.m. and end at 5:00 p.m. Please keep these hours in mind when making your travel arrangements. Departing the training facility prior to class conclusion may result in class failure. All required training tools and supplies will be provided by Oscoda Plastics. NOTE: You will be fully responsible for these assigned tools and equipment during your training. However, installers are encouraged to bring any hand tools, or knee pads they are accustomed to using.

Included in this packet are an Installation Experience Form and a Training Registration Request Form*. These forms must be filled out and submitted with the training fee. Once this information is received by our office, your training dates will be confirmed. NOTE: All openings are filled strictly on a first come, first serve basis.

To register for a training class proper planning through the appropriate Regional or District Manager for your area is required. The class fee includes installation training and materials, as well as hotel accommodations for up to two nights; breakfast and lunch will also be provided during training. For further details or to obtain an application please consult our web site at www.protect-allflooring.com or call 800-544-9538.

Sincerely,

Technical Sales Department
Oscoda Plastics, Inc.

* It is at the sole discretion of Oscoda Plastics to either accept or refuse any registration request received.



Installation Experience Form

Date: _____

Name: _____ E-Mail: _____

Company Name, Company Contact, Address & Phone Number:

Please list the state or states your flooring company works: _____

How did you hear about Protect-All product and training course? _____

What percentage of your business is _____% Commercial _____% Residential

How many years have you installed commercial vinyl sheets? _____

How many years have you performed heat-welding? _____

Please list other manufacturers whose vinyl sheets with heat-welded seams, you currently install: _____

Please list all manufacturers certification you have earned: _____

Please list the flooring installation schools you have attended and passed? _____



Are you currently working on or have any future Protect-All projects? _____

If yes, when and where? _____

Have you previously installed PROTECT-ALL? _____ Yes _____ No

If yes, when and where? _____

Please note if you currently own the following types of heat-welding tools by listing the name brand you have:

Power Groover (Wolff/Sinclair 1500, Leister, other) _____

Heat-Welding Gun (Leister, Sinclair, Forsthoff, other) _____

Plunge Router _____ Skiving knives _____

Have you installed vinyl sheets with integral flash covered base? _____ Yes _____ No

If yes, what brands? _____

Have you installed Vinyl sheets in a commercial kitchen or any other wet environment that has Standing liquid or moisture on the floor? _____ Yes _____ No

If yes, when and where? _____

Have you installed vinyl sheets in athletic applications? _____ Yes _____ No

If yes, when and where? _____

What is the primary type of flooring are you installing on a regular basis? _____

2017 Training Registration Request



Company Name:

Trainee name(s):

*Contact Person:

E-mail:

Address:

Phone:

City, State & Zip:

Fax:

Please note that any incomplete information may result in processing delays.

General information

Listed below are the scheduled class dates for 2017.

Please indicate the dates that best fit your needs.

- January 10 & 11 February 7 & 8 March 7 & 8 April 4 & 5 May 2 & 3 June 6 & 7 July 11 & 12
 August 1 & 2 September 12 & 13 October 3 & 4 November 7 & 8 December 5 & 6

Payment

Cost of class is \$200.00 per person.

Your payment must be received two weeks prior to your requested training dates.

There will be a \$100.00 fee for any cancelation within 2 weeks of the scheduled training date.

Hotel

Once your training dates have been confirmed, hotel accommodations, not to exceed 2 nights, will be provided by Oscoda Plastics® at a local hotel of our choice.

Note: A credit card will be required upon check in to cover additional expenses, such as long distance phone calls, etc... Under no circumstances will Oscoda Plastics be responsible for additional room expenses.

- MI is a smoke free state; smoking is prohibited indoors. The penalty for breaking this law will result in a \$200.00 fine.
- If you will be flying into Michigan, please indicate which airport you will be arriving at.
 - MBS** (Midland, Saginaw, Bay City) 1½ - 2-hour drive north.
 - FNT** (Flint Bishop International) 2-hour drive north.
 - APN** (Alpena) 1½ - 2-hour drive south.
 - DTW** (Detroit) 3½ - hour drive north.
- Driving directions can also be sent if requested.

*All confirmations and correspondence will be sent to the contact person listed above.

Oscoda Plastics Office use only

Confirmed Dates: _____	Distributor/Reg. Sale Manager Approval: _____
Hotel Confirmation: _____	Check In: _____ Check out: _____
Payment Amount: _____	Date Received: _____
Comments: _____	

Please return your completed form with deposit to:



Oscoda Plastics, Inc.
5585 N. Huron Ave, PO Box 189
Oscoda, MI 48750

11/4/2016
Training Registration Request

2017

January

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
						30

May

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					