



# | 2024 Training Registration Request Form

Company Name: \_\_\_\_\_

Trainee Name(s): \_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax: \_\_\_\_\_

## Class Selection

Listed below are the scheduled in-house class dates for 2024.

**March**  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>   **April**  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>   **May**  28<sup>th</sup>  29<sup>th</sup>  30<sup>th</sup>   **July**  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>   **July**  30<sup>th</sup>  31<sup>st</sup>  
**Aug.**  1<sup>st</sup>   **Sept.**  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>   **Oct.**  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>   **Oct.**  29<sup>th</sup>  30<sup>th</sup>  31<sup>st</sup>   **Dec.**  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>

## Payment

The cost of the class is \$250.00 per person. Your payment must be received two weeks before 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 and payment received, hotel accommodations will be provided by Protect-All® at a local hotel of our choice. Hotel accommodations will not exceed 2 nights for a one-day training or 3 nights for a two-day training. **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 Protect-All 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.

---

## PROTECT-ALL USE ONLY

Confirmed Date: \_\_\_\_\_

Distributor/Reg. Sale Manager Approval: \_\_\_\_\_

Hotel Confirmation: \_\_\_\_\_

Check-In: \_\_\_\_\_

Check-Out: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Date Reserved: \_\_\_\_\_

Comments: \_\_\_\_\_

**Please return your completed form with deposit to:   **Oscoda Plastics**  
5585 N. Huron Ave.  
Oscoda, MI 48750**