



## INSTALLING APPLIANCES & VAPOR DISTRIBUTION 4.3

Onsite Class & Test: June 13-15, 2018  
Days Inn & Suites, Bridgeport, WV

### REGISTRATION INFORMATION

*Deadline to register is May 16, 2018 \* If registering after this date, call 888-441-5454*

Name: \_\_\_\_\_ Last 4 digits \_\_\_\_\_  
of SS # \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Last 4 digits \_\_\_\_\_  
of SS # \_\_\_\_\_

Email: \_\_\_\_\_

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

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

C/S/Z: \_\_\_\_\_

Telephone: \_\_\_\_ / \_\_\_\_\_ Person Completing Form: \_\_\_\_\_

No. of Vapor Distribution 4.3 Registrants: \_\_\_\_\_ x \$300.00 = \$ \_\_\_\_\_

Special Needs: \_\_\_\_\_

### PAYMENT OPTIONS

\_\_\_\_\_ **Check Enclosed.** If paying by check mail to WVPGA, 107 S West St. #825 Alexandria, VA 22314

\_\_\_\_\_ **Paid Online.** Visit [www.wvpropanegas.org](http://www.wvpropanegas.org) to pay for registration online.

\_\_\_\_\_ **Credit Card** *WVPGA only accepts VISA/MasterCard.* Fax form to 703-530-9653 or  
email to [wvpga@aol.com](mailto:wvpga@aol.com)

Name on Credit Card: \_\_\_\_\_

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVS \_\_\_\_\_

Billing Address \_\_\_\_\_

C/S/Z \_\_\_\_\_ Signature \_\_\_\_\_