**Hydraulic Institute Members Receive a 25% Discount on Educational and Training Materials**

*Prices below for reference only, please indicate in payment section when completing registration on next page*

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<th># of Attendees</th>
<th>HI Member Live Webinar Pricing</th>
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<td>$143.40</td>
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*Pricing listed subject to change

**Please note that each individual registration counts as a seat is for 1 person, and not intended to be viewed as a group. PDH credits are only available for registered participants of the live session. For any questions or inquiries, please contact us at 973-267-9700 or training@pumps.org for details.

**NOTE:** Group registrations MUST be submitted together for group prices. Please print and complete as many of the registrant forms needed for group registrations.

**RECEIVING THE ACCESS LINKS:** Once your payment is processed, you will receive a receipt and document containing the access link(s) for the session. You will be responsible for distributing the link(s) to your group. Group registrants will also individually receive a reminder email with the access link(s) the morning of the session.
*PLEASE INDICATE PRODUCT ITEM #___________________________________

REGISTRANT INFORMATION

First Name: ___________________________ Last Name: ___________________________

Company/Affiliation: ___________________________

Address: ___________________________

City: ___________________________ State: ___________________________ Zip: ___________________________

Phone: ___________________________ Fax: ___________________________

Email (for registration confirmation and PDH certificate if applicable): ___________________________

PAYMENT INFORMATION

☐ Individual registration, please charge card below
☐ Part of group, please charge card below
☐ Part of group, please charge entire group to same card below

Total number of registrants: ___________________________

Credit card type (please circle one): VISA MasterCard AMEX

Credit card #: ___________________________ Expiration date: ___________________________ CVV code: ___________________________

Name on card: ___________________________ Signature: ___________________________

Billing address (if different than above):

City: ___________________________ State: ___________________________ Zip: ___________________________

PLEASE RETURN FORM(S) TO: training@pumps.org or fax to (973) 267-9055

NOTE: Group registrations MUST be submitted together for group prices. Please print and complete as many of the registrant forms needed for group registrations.
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☐ Part of group, please charge card below
☐ Part of group, please charge entire group to same card below

Credit card type (please circle one):  VISA  MasterCard  AMEX

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