



## RESERVATION FORM

Return reservation form and applicable fee to:

Hartzell Propeller Inc.  
Attn: Product Support Department  
One Propeller Place  
Piqua, Ohio 45356-2634 U.S.A.  
Telephone: (937) 778-4320  
Fax: (937) 778-4215  
Email: [training@hartzellprop.com](mailto:training@hartzellprop.com)

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

Attendee Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone (including Country Code): \_\_\_\_\_

Fax (including Country Code): \_\_\_\_\_

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

### Class Selection and Payment Information

Class Title: \_\_\_\_\_

Class Date: \_\_\_\_\_

Class Fee: \$ \_\_\_\_\_ Note: Tuition payment is required in full with completed registration form.

Payment Option:

Copy of Check Enclosed\*  ACH/Wire Transfer\*  Credit Card (see below)  Net 30 Terms\*\*

\*Note: Please see the following page for additional instructions on processing payments via ACH, Wire Transfer, or Check.

\*\*Note: Billing will occur immediately following Hartzell acceptance of class registration for customers with existing Net 30 terms.

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Type:      Visa                      Master Card                      Discover                      American Express

CC Name and Billing Address: \_\_\_\_\_

### **This Section for Hartzell Use Only**

Class Instructor \_\_\_\_\_

Invoice/Proforma Invoice # \_\_\_\_\_

Student Paid-in-Full Date \_\_\_\_\_

Student Screening Date \_\_\_\_\_