



**CSIA Certified Dryer Exhaust®  
ONLINE REVIEW REGISTRATION**

2155 Commercial Drive, Plainfield, IN 46168  
(317) 837-5362 • Fax: (317) 837-5365

<b>X</b>	<b>Session Date</b>		<b>X</b>	<b>Session Date</b>
	September 14-20, 2009			March 15-21, 2010
	October 12-18, 2009			April 12-18, 2010
	November 9-15, 2009			May 10-16, 2010
	December 7-13, 2009			June 7-13, 2010
	January 11-17, 2010			July 12-18, 2010
	February 8-14, 2010			August 9-15, 2010

**Online Review Cost**

\$199 \_\_\_\_\_

Study Materials

Standard      NCSG Member

CDET Manual (2007 edition)

\$115      \$65

Shipping:

\$ 13      \$10

Subtotal Review/Materials/Shipping \_\_\_\_\_

Indiana Residents - 7% Sales Tax (Materials & S/H) \_\_\_\_\_

Total Due \$ \_\_\_\_\_

Registrant Name(s): (Note: Username and Password must be a minimum of 6 characters)

\_\_\_\_\_  
Username: \_\_\_\_\_ Email: \_\_\_\_\_  
Password: \_\_\_\_\_

\_\_\_\_\_  
Username: \_\_\_\_\_ Email: \_\_\_\_\_  
Password: \_\_\_\_\_

\_\_\_\_\_  
Username: \_\_\_\_\_ Email: \_\_\_\_\_  
Password: \_\_\_\_\_

\_\_\_\_\_  
Username: \_\_\_\_\_ Email: \_\_\_\_\_  
Password: \_\_\_\_\_

**Registrant Information**

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

Business Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Company Email Address \_\_\_\_\_

**Payment Information**    Visa    MasterCard    AmericanExpress    Check # \_\_\_\_\_

Credit Card # \_\_\_\_\_ Card Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_

**REFUND POLICY:** If a registrant withdraws from the review session 10 days prior to the start date, a refund will be issued less a \$50 administration fee. If a registrant withdraws from the review session after the deadline, no refund will be issued.

**Office Use Only:**      O2P    C2F    2C2R  
IMISID: \_\_\_\_\_ COID: \_\_\_\_\_ AUTH: \_\_\_\_\_  
REC'D BY: \_\_\_\_\_ REC'D DATE: \_\_\_\_\_  
**VALID 9/1/09-8/31/10**      Revised: 9/3/09