



**PHCC OF MA**  
**SESSION 11 IN WOBURN**  
**EVENING CLASS REGISTRATION FORM**

**COMMONWEALTH OF MASS. REQUIRED CONTINUING EDUCATION FOR PLUMBERS/GAS FITTERS**

PHCC of MA offers a series of evening classes. Attend Part 1 and Part 2 (dinner included) to receive 6 credit hours. Evening session hours are 5:00-9:00 pm. Gas fitters need only attend Part 1. Two simple ways to register: Register online, [www.phccma.org](http://www.phccma.org), by clicking "Online Web Store" and selecting "Continuing Education" or send this form to PHCC of MA.

**Pre-registration is required. Walk-ins are not accepted.**

*Check appropriate box below.*

	Town	Location	Part 1	Part 2	Hosted by
<input type="checkbox"/>	Woburn	American Legion 194 Lexington Street	10/17/18	10/24/18	Mystic Valley

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

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

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

Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Journeyman License # \_\_\_\_\_ Plumber  Gas Fitter

Master License # \_\_\_\_\_ Plumber  Gas Fitter

Corporate License # \_\_\_\_\_ Plumber  Gas Fitter

Check appropriate box below (special pricing for these classes includes cost of dinner):

**P L U M B E R S**

Non-Member: \$175.00  PHCC of MA Member/Member Employee: \$155.00

PHCC of MA Member with Free Class Voucher: \$75.00 (Includes cost of 2 dinners)

**G A S F I T T E R S**

Non-Member: \$90.00  PHCC of MA Member/Member Employee: \$80.00

PHCC of MA Member with Free Class Voucher: \$40.00 (Includes the meal cost)

Member company: \_\_\_\_\_

*Company name must be provided and verified in order to receive PHCC of MA member price.*

*Confirmations will be sent via email to registrants one week prior to class, and via US mail to registrants without email. If you fail to attend class and would like to reschedule, contact PHCC of MA to enroll in the next available day class for a rescheduling fee of \$20. No refunds will be issued. PHCC of MA reserves the right to cancel any class due to low enrollment or any other reason.*

Credit Card Type (Circle One)	American Express	Discover	Mastercard	Visa
Credit Card Number	_____			Expiration Date _____
Cardholder's Name	_____			Security Code _____
Signature	_____			

Please mail with check or fax with credit card number to PHCC of MA, 400 Washington St., Suite 401, Braintree, MA 02184

Fax: 781-843-1178 CE Hotline: 781-843-3840

(Checks should be made payable to PHCC of MA)