



2017-2018 ICE-O-MATIC REGISTRATION FORM



REGISTRATION

PARTICIPANT INFORMATION

Company Name: _____ Phone Number: _____

Number of People Attending: _____ Class Location: _____
(circle one) Bridgeport Farmington Grand Rapids Toledo Traverse City Troy

Attendee Name(s): _____

Please email, fax or mail this form to Mary Greet OR drop it off at your local branch

Address: 52000 Sierra Dr., Chesterfield Twp, MI 48047
Email: mgreet@youngsupply.com
Fax: (586) 421-1212

Limited space is available depending on location. All classes are available on a first come, first serve basis.
Pre-registration is required. Please submit this registration form to reserve your spot.

YSC Office Use Only:

Received: _____ Billed: _____ Added to Database: _____