



# 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: \_\_\_\_\_