

HRV Qualification Course Registration

REGISTRANT: _____
 COMPANY NAME: _____
 TITLE/POSITION: _____
 ADDRESS: _____
 CITY: _____
 PROVINCE/STATE _____
 POSTAL/ZIP CODE _____
 PHONE: _____
 FAX NUMBER _____
 EMAIL _____

ATTENTION!

MEMBERSHIP REQUIREMENTS:
 -You must achieve a minimum grade of 85% on your Qualification Exam to be accepted into Academy Membership.

Background Information

1. What is your main source of business?
 Residential Commercial Industrial
2. What is the nature of your business?
 General Contracting Plumbing Other
 Heating/AC Distributing
3. How many years have you been in your trade?
 0 to 2 yrs. 2 to 5 yrs. 5 to 10 yrs. 10+ yrs.
4. Do you currently install and/or promote Lifebreath equipment?
 Yes No
5. Is Lifebreath equipment available in your area?
 Yes No Not Sure
6. I heard about Lifebreath Academy through:
 Wholesaler Lifebreath Ad Internet
 Direct Mail Friend

Payment is Required to Process Your Application

Payment Made By: Visa * Check Billing (must have Airia Account)
 Mastercard * Money Order Other _____

Credit Card Number: _____
 Card Holder Name: _____
 Expiry Date: _____



The HRV Qualification Course & Qualification Exam	\$50.00
Plus 13% H.S.T. (if applicable)	\$6.50
Total	\$56.50



* Make Cheque or Money Order Payable to Airia Brands Inc.

Fax or mail completed Registration to:
Airia Brands Inc.
 511 McCormick Blvd.
 London, Ontario N5W 4C8
 Fax (519) 457-1676
 Phone (519) 457-1904
 email: lifebreathacademy@airiabrand.com

Date of Workshop: _____
 We will email you to confirm payment and the date.