

FINAL EXAMINATION REQUEST FORM

for RSES Heat Pump Training Course



Name			
Address			
City			
State	Country	Zip	Chapter Name
Phone	Fax		Chapter Number
E-mail address			Date of Exam Date of request
Instructor <input type="checkbox"/>	Educational Chair <input type="checkbox"/>	Secretary <input type="checkbox"/>	Number of Final Exams requested

In the spaces below, print the name of each exam candidate and indicate membership status with a check mark. Continue on reverse side if necessary.
M = MEMBER C = CORPORATE MEMBER N = NON-MEMBER
 Membership numbers are *required* for RSES individual members. For all others, fill out the Non-Member/Corporate Member registration form.

NAME	M	C	N	MEMBER NO.

FOR HEADQUARTERS USE ONLY		
QUANTITY	DATE SENT	DATE RETURNED

**MAIL OR FAX 30 DAYS BEFORE
EXAM DATE TO:**
 RSES
 1911 Rohlwing Road, Suite A
 Rolling Meadows, IL 60008-1397
 PHONE 800/297-5660 FAX 847/297-5038

