



Environmental Growth Chambers Service School Registration Form

Name: _____ Position: _____

Phone: (_____) _____ Fax (_____) _____

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Billing Address (if different than above): _____

Email Address: _____

Payment will be made by: Cash/Check Purchase Order # _____

Visa / Master Card # _____ Exp Date: _____

My relative level of experience: Expert Advanced Intermediate Novice

I have the following equipment at my facility:

Controlled Environment Rooms Plant Tissue Culture Rooms Incubator/Germinators

Plant Growth Chambers

- M-Series Reach-in
- M-Series Walk-in
- G-Series Reach-in
- GR-Series Walk-in
- GC-Series Reach-in
- GC-Series Walk-in

Controllers

- Analog/Time Clocks
- TC1
- TC2
- C3
- C5
- Other

I am interested in classes on the following topics:

- Refrigeration Troubleshooting
- Electrical Troubleshooting
- Controllers and Calibrations
- Host System
- Chilled Water
- Humidity Components
- Preventative Maintenance

Other: _____

Please email or fax this form to (440-543-4867) immediately to secure your reservation.

**Or mail to: Environmental Growth Chambers • 510 East Washington Street •
Chagrin Falls, OH 44022 - (800) 321-6854, extension 320**