



## Online Training Authorization Form

### TRAINING HOST INFORMATION

Name \_\_\_\_\_

Company \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### TRAINING DETAILS

The online version of the *Fundamentals of Compressed Air Systems* is offered as four, two-hour sessions. Please provide the dates and times desired for all four sessions.

Session 1: \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_

Session 2: \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_

Session 3: \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_

Session 4: \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_

Instructor \_\_\_\_\_

**I would like the training to be included on the CAC’s training calendar. If checked, please include registration contract information below.**

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### AUTHORIZATION GUIDELINES

- I agree to abide by the *Guidelines for Hosting Compressed Air Challenge Training*
- I agree to conduct a product-neutral Compressed Air Challenge training.
- I agree to use only official *Fundamentals* or *Advanced* training materials and CAC-qualified instructors.
- I agree to be held responsible for all liabilities and costs associated with the training session, such as marketing, instructor fees and travel expenses, training materials and supplies, and logistics.

### SIGNATURE

\_\_\_\_\_  
**Host Signature**

\_\_\_\_\_  
**Date**