



Auto Glass Safety Council
20 PGA Drive, Suite 201
Stafford, VA 22554
540/602-3263, kbimber@agsc.org

Request for Training from AGSC

Applicant's corporate or legal name: _____

Form completed by: _____ Title: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country (if not United States): _____

Phone Number: _____ Email: _____

Company Officer Signature: _____ Date: _____

Type of training requested:

Please mark the type of training being requested and complete the following section specific to this training.

checkbox

Company Training

Company Training is commissioned by an individual or company to take place at a location of their choosing and is for company employees and/or subcontractors only.

checkbox

Regional Training

Regional Training is commissioned by a sponsor which may be an individual, company, association or other entity and is open to all industry professionals who wish to attend.

Company Training:

Location where training is to take place: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Company contact at this location: _____

Phone: _____ Email: _____

Preferred date(s) for training requested: _____

Length of training requested: [] 1 day [] 2 day [] 3 day

Training cannot be longer than 6 hours per day.

Number of individuals expected to participate in this training: _____

In consideration of the request by Applicant to receive training from the Auto Glass Safety Council™ (AGSC), the applicant hereby agrees as follows:

1. That company training is commissioned by the company and that all attendees must be employees and/or subcontractors of the company;
2. That training includes one free AGSC certification test per attendee to be administered at the end of the training;
3. That once a mutually agreeable date has been determined, it cannot be changed nor the fee refunded;
4. That Applicant must provide an adequate training area with tables and chairs, good lighting, ventilation, a projection screen, electrical outlets, any necessary extension cords and adequate acoustics (including a microphone for larger rooms);
5. That Applicant understands the cost for requested training is \$500 plus the trainer's travel expenses (airfare, hotel and incidentals) for the first day and \$500 plus the trainer's expenses for each day thereafter for training in the Continental United States; that the cost includes up to 40 trainees (additional trainees above 40 are \$39 each) and that all fees will be paid in advance of the training;
6. That Applicant is responsible for the trainer's transportation either by providing a rental car or having a company employee provide the trainer's transportation to and from the airport, hotel and training site;
7. That the training cannot be video or audio taped;
8. That AGSC, its officers, committee members, staff and authorized AGSC representatives (the "Indemnified Parties") shall have no liability for, and Applicant shall defend, indemnify and hold each of the Indemnified Parties harmless from and against, any claim, loss, demand, liability, obligation and expenses (including reasonable attorneys' fees) arising out of, pertaining to, or resulting in any way from Applicant's participation in this training;
9. That the undersigned has complete authority from Applicant to execute this request on its behalf.

Signature: _____ **Date:** _____

Mark appropriate box and complete appropriate financial information:

Please note: All fees are in US Dollars

One day of training (includes up to 40 trainees) – fee of \$500 plus trainer's travel expenses

Additional days of training – per day fee of \$500 plus trainer's expenses

Additional trainees above 40 - \$39 per individual fee

Total payment enclosed or authorized: \$ _____

Payment method:

Check enclosed MasterCard Visa AmEx

Name as it appears on credit card: _____

Credit card number: _____ **Exp. date:** _____ **Security Code #:** _____

Mail original copy of Training Request with payment to:
Auto Glass Safety Council, 20 PGA Drive, Suite 201, Stafford, VA 22554

Regional Training:

Location where training is to take place: _____

Address: _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____

Individual contact at this location: _____

Phone: _____ **Email:** _____

Preferred date(s) for training requested: _____

Number of individuals expected to participate in this training: _____

In consideration of the request by Applicant/Sponsor to receive training from the Auto Glass Safety Council™ (AGSC), the applicant hereby agrees as follows:

1. That regional training is commissioned by the sponsor and must be open to all industry participants who wish to attend;
2. That regional training is one day only, or one evening and the next morning for a total training time not to exceed six hours;
3. That training includes one free AGSC certification test per attendee to be administered at the end of the training;
4. That once a mutually agreeable date has been determined, it cannot be changed;
5. That Applicant/Sponsor must provide an adequate training area with tables and chairs, good lighting, ventilation, a projection screen, electrical outlets, any necessary extension cords and adequate acoustics (including a microphone for larger rooms) and that the training area will be in a "neutral" location and not connected with any one auto glass company;
6. That 40 is the optimal number for training and that there is no minimum number of attendees although the number of attendees affects the fee;
7. That there is no fee beyond the trainer's travel expenses (airfare, hotel and incidentals) for programs in which 41 or more individuals go through the entire training program; that if 11-40 people go through the training, the Applicant/Sponsor will be assessed a cost of \$39 per person for the number under 40 that will not take the training (for example, if 30 people take the training, the Applicant/Sponsor would be assessed the cost of \$390 which equals 40 minus 30 multiplied by \$39) to a maximum of \$500 per day plus the trainer's travel expenses; that if 10 or less participate, the cost is \$500 per day plus the trainer's travel expenses; that all fees will be paid in advance of the training;
8. That Applicant is responsible for the trainer's transportation either by providing a rental car or having a company employee provide the trainer's transportation to and from the airport, hotel and training site;
9. That the training cannot be video or audio taped;
10. That AGSC, its officers, committee members, staff and authorized AGSC representatives (the "Indemnified Parties") shall have no liability for, and Applicant/Sponsor shall defend, indemnify and hold each of the Indemnified Parties harmless from and against, any claim, loss, demand, liability, obligation and expenses (including reasonable attorneys' fees) arising out of, pertaining to, or resulting in any way from Applicant's participation in this training;
11. That the undersigned has complete authority from Applicant/Sponsor to execute this request on its behalf.

Signature: _____ **Date:** _____

Mark appropriate box and complete appropriate financial information:

Please note: All fees are in US Dollars

41 or more trainees - No fee except for trainer's travel expenses

11-40 trainees – \$39 per person for the number under 40 that will not take training (i.e. if 30 people take the training, the fee would be \$390 which equals 40 minus 30 multiplied by \$39) to a maximum of \$500 per day plus trainer's travel expenses

10 or less trainees – fee of \$500 per day plus trainer's travel expenses

Total payment enclosed or authorized: \$ _____

Payment method:

Check enclosed

MasterCard

Visa

AmEx

Name as it appears on credit card: _____

Credit card number: _____ **Exp. date:** _____ **Security Code #:** _____

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