

## **2026 Contractor Training Workshop Registration Form**



Please use one form for each registrant

| Workshop Code (See  | workshop list on <mark>In-</mark> F | Person Class Schedule) |  |
|---|-------------------------------------|------------------------|--|
| Name:   |                                     |                        |  |
|   |                                     |                        |  |
| Address:  |                                     |                        |  |
| City/State/Zip:   |                                     |                        |  |
| Phone:  | Email:                              |                        |  |
| License Numbers:  |                                     |                        |  |
| Installer: <b>049-</b>  |                                     | Pumper: <b>054-</b>    |  |
| Portable Sanita   | tion Technician: <b>90</b> 1        | -                      |  |
| Registration:   |                                     |                        |  |
| Registration for one contractor with a single license (fee \$65.00) |                                     |                        |  |
| Registration for one contractor with two licenses (fee \$95.00)     |                                     |                        |  |
| Registration for one contractor with three licenses (fee \$125.00)  |                                     |                        |  |

Walk-in registration add \$15.00. Pre-Registration deadline varies according to workshop schedule, but is usually the day before each event at 7:00 a.m. Please bring a picture ID to verify identity.

## THIS FORM FOR IN-PERSON REGISTRATION ONLY

Registration for Online/Virtual Classes Must be done ONLINE at: www.ilica.net or at: contractortrainingstore.net

## Please NOTE:

The minimum charge for any registration for one contractor is \$65.00. If you are registering more than one person, the registration fee is \$65.00, \$95.00 or \$125.00 per person depending on the number of licenses each person holds.

Amount enclosed: \$ \_\_\_\_\_
Please complete this form and mail it with a check for the registration fee to:

Contractor Training Store P.O. Box 802 Lincoln, IL 62656

Please make Checks Payable to:

Contractor Training Store or CTS or register and pay online at:

http://contractortrainingstore.net