



CARQUEST TECHNICAL INSTITUTE
STAND ALONE COURSE
2008 ENROLLMENT FORM



FAX THIS COMPLETED AND SIGNED FORM TO: CTI PROGRAM ADMINISTRATOR (888) 823-6593

SHOP NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP

PHONE: _____ ACCT # AT STORE: _____

SHOP INFO: _____ SHOP E-MAIL: _____
 NATIONAL ACCOUNT: YES NO TECH-NET PRO YES NO

CURRENT CTI REGION #: _____ NUMBER ENROLLED IN CTI: _____

STAND ALONE COURSE #: _____ STAND ALONE COURSE DATE: _____

STAND ALONE COURSE NAME: _____

ENROLLED EMPLOYEES:

(PLEASE PRINT NAMES CLEARLY & INCLUDE LAST 4 DIGITS OF SS# & E-MAIL ADDRESS)

Name	Last 4# SSN	E-Mail Address

Participation Agreement:

I agree to participate in the CARQUEST Technical Institute Stand Alone Course training program. I understand I will be billed \$_____ for each technician enrolled on my account (TNP members may choose to do a direct withdrawal from eligible co-op funds for 100% of the cost). I understand that I will be billed only for the technicians registered above.

 SHOP OWNER'S SIGNATURE

 DATE

BILLING INFORMATION:

YES - Bill me through my serving CQ store.

YES - I am a TNP member and elect to have the cost of this training deducted from my eligible Business Development Funds. (TOTAL AMOUNT MUST BE IN BDF AT SIGN-UP)

Number of enrolled technicians: _____ X = Total to be billed: _____

CARQUEST STORE INFO:

CARQUEST SALESPERSON NAME: _____

CARQUEST STORE: _____ D.C. ACCOUNT #: _____

STREET ADDRESS: _____

CITY, STATE: _____ JV IND

STAND ALONE LOCATION: _____