



GHLA CLASS REGISTRATION FORM

I enclose the appropriate fee appearing on the
CLASS INFORMATION pages.

CLASS NAME: **Small Format Interchangeable Cores**

DATE(S) OF CLASS: **Saturday, October 9th, 2010**

8:00 am - 5:00 pm

NAME: _____ LICENSE # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: (_____) _____ CELL #: (_____) _____

EMAIL: _____

TDL#: _____ SS#: _____
(REQUIRED) (OPTIONAL)

MEMBER OF ASSOCIATION: _____ MBR. # _____

Full Course of Study:

Association Members \$ **125.00** per person

Non-association affiliated locksmith with qualifying credentials \$ **155.00** per person

Enclosed please find my check: # _____

For the amount of: \$ _____

MAKE CHECKS PAYABLE TO: G.H.L.A.

MAIL TO:

**Don Hiser
6415 Stuebner Airline
Houston, TX 77091**

QUESTIONS / CONTACT:

**Don Hiser
713 - 699 - 5625
president@houstonlocksmiths.org**

ONLY PAID APPLICATIONS ARE CONSIDERED REGISTERED FOR THIS CLASS