

QRS PNO3 Certification Class Registration - 2019

Contact Information

Name:

Street Address:

City: State: Zip Code:

Home Phone: Cell Phone:

E-Mail Address: Web Address:

Company Information

Business Name:

Street Address:

City: State: Zip Code:

Phone: Fax:

E-Mail Address: Web Address:

Skills

Rate yourself on a scale of 1 to 5, 1 being no experience and 5 being greatly experienced, in the following skills.

<input type="checkbox"/> Piano Technician	<input type="checkbox"/> Polyester Repair
<input type="checkbox"/> Piano Tuning	<input type="checkbox"/> Pneumatic Players
<input type="checkbox"/> Finishing	<input type="checkbox"/> Rebuilding
<input type="checkbox"/> Other automated player systems? Please List:	<input type="text"/>

Occasionally we are asked for skilled repair technicians. Would you like to receive referrals from us?

Please let us know what you hope to learn from this class.

Select T-Shirt Size: S M L XL XXL XXXL



Person to Contact in Case of Emergency

Name:

City: State: Zip Code:

Work Phone: Cell Phone:

Terms and Conditions

Class dates are subject to change, please wait for e-mail confirmation before making travel arrangements. *Please contact your QRS sales representative to make these arrangements.*

Class confirmation is dependent on QRS Sales Representative's approval:

Lori Clutter or Todd Brown

- \$550 - The \$550 fee may be waived with the purchase of any one of the following:
- Grand Kit [825002]
- Upright Kit [825022]
- Technicians Kit [81520] and a PNO3 Upgrade Kit [83525 or 83529]
- Technicians Kit [81575] and a PNOscan III Key Record Strip-[79317C]
- Other:

You are responsible for your own transportation and hotel accommodations.

QRS will provide tools, supplies and Wednesday-Friday lunches. The class will be taken to dinner on Thursday night.

Casual Dress, we will be working in the warehouse.

If you have and iPod/Touch, iPhone, iPad or Android Phone we ask that you bring it with you.

Agreement and Signature

I understand that I am responsible for all travel related expenses incurred by me, including but not limited to air fare, car rental, hotel and meals except those specified above. I also understand that I am responsible for the \$550 class registration fee unless the I meet the criteria described above.

Signature: _____

Name: Date:

Please select the date you wish to attend and mail, or "Click to E-Mail to QRS" your application and deposit to the address below. Confirmation will be sent to the e-mail address that you provided above.

Select Date:

2019 Seneca, Pennsylvania Schedule

March 20, 21, 22

April 10, 11, 12

May 8, 9, 10

June 5, 6, 7

September 18, 19, 20

Class begins at 9:00 A.M

Wednesday, Thursday & Friday

Make checks payable to:
QRS Music Technologies, Inc.

QRS Music Technologies, Inc.

269 Quaker Drive

Seneca, PA 16346

(814) 676-6683

Fax: (814) 676-9340

www.qrsmusic.com

