



PTR Baler and Compactor

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Quality * History * Service* Value

PTR Baler and Compactor Academy of Technical Service

REGISTRATION FORM

Company Name: _____

Company Address: _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

*E-mail Address: _____

Technician Name # 1 _____

Technician Name # 2 _____

Technician Name # 3 _____

Per Student Cost: \$ 450.00 Number Attending _____ Total Due: _____ *

(*) Tax additional

Please return this form along with your company purchase order by one of the following:

Fax: (215-305-2072) with a company Purchase Order

Mail to: PTR Baler and Compactor

