

FAX to 020 8761 8081

Attn Vicky Summers

**APPLICATION FORM FOR THE LG AIR CONDITIONING
TRAINING ACADEMY**

Name:

Company:

Address:

.....

..... Post Code:

Office Telephone Number: Mobile Number:

E.Mail address:

Course requested.....

Which distributor/s do you currently buy from:.....

How did you hear about us?

.....

Issued by Thermofrost Cryo Plc

Version date 6.3.07