Philadelphia Chapter ASHRAE

Basic HVAC System Design Course Application
2025-2026

Personal Information

Name: _____
Last First Middle Initial

Home Address: _____
Street City State Zip

Phone No.: _____ Application Date:_____

Email: _____

Current or Most Recent Employment

Employer: _____ From: _____ To: _____ Total _____
Firm Name Date Date Years

Business Address: _____
Street City State Zip

Job Title: _____ Phone: _____

Email: _____

Discipline: _____ Engineer _____ CAD/Designer _____ CAD/Drafting _____ Sales Rep _____ Trades _____ Administration

Learning Goals

Please describe what you hope to learn and take away from this class.

_____

_____

_____

Education

	School (Name & Location)	Years Attended	Major	Degree Or Diploma
High School				
College				
Other				

PAYMENT

AMOUNT:

Members: _____ $200 Deposit _____ $1,000 Balance Due _____ $1,200 Total Fee
Members are those who have paid their ASHRAE National and Philadelphia Chapter Dues

Non-Members: _____ $200 Deposit _____ $1,200 Balance Due _____ $1,400 Total Fee

PAYMENT AND REFUND DEADLINES:

- ***The deposit is non-refundable.***
- ***The remainder of the course fee must be paid prior to the first evening of class.***
- ***After the first two class sessions (first two nights), there will be NO REFUNDS.***

PAYMENT BY CHECK: _____ (made payable to "Philadelphia Chapter ASHRAE")

PAYMENT BY CREDIT CARD: ____ VISA ____ Master Card ____ American Express

Total Amount to be Billed to Card: _____

Credit Card Number: _____

Expiration Date: _____

Name on Card (please print): _____

Billing Address for Card: _____

_____

_____

RETURN THIS FORM WITH PAYMENT TO:

Hope Silverman
Philadelphia Chapter ASHRAE
994 Old Eagle School Road
Suite 1019
Wayne, PA 19087-1866
Phone 610-971-2169
hope@mmco1.com

For Official Use Only

Date Received: _____ Tuition: _____ Deposit: _____ Check No.: _____ Balance _____