



HEAT EXCHANGER
**INSPECTION
SEMINAR**

SEMINAR CHECKLIST

Identify cracked heat exchangers quickly and efficiently, saving time and money!

Learn the process of walking through inspections with your customer in order to prove your findings

Predetermine whether a heat exchanger will likely be defective simply by assessing the quality of the installation

Build trust and confidence in the customer eliminating 2nd guessing and 2nd opinions

Confidently sell a necessary new furnace using your findings from the heat exchanger inspection

Locate wear patterns and areas prone to defects on all makes and models of furnaces

Increase sales, profits, and the safety of your customers, immediately

AUGUST 21, 2019

BAKERS OF MILFORD RESTAURANT

2025 S Milford Rd

Milford, MI 48381

8:00 am - 5:00 pm

Please arrive at **7:30 am** for sign-in. You only need bring a good attitude, a pen, and a flashlight. No laptops or tablets please as they cause a distraction to others.

Danish and coffee will be provided for breakfast, and lunch will also be served



2019 Heat Exchanger Inspection Seminar



BAKERS OF MILFORD RESTAURANT

2025 S Milford Rd, Milford, MI 48381

August 21, 2019 | 8:00 am - 5:00 pm

Dealer Name _____

Address _____

City _____

State _____

Zip _____

Email Address _____

Name of person(s) attending class:

1. _____
2. _____
3. _____
4. _____

\$100 deposit required (per person) is due immediately. Payment in full for COD customers by check or credit card. Starting in June, Williams will provide 90 day dating for customers with open credit in good standing.

*Please note: **THIS IS A LIMITED SPACE SEMINAR!**

Registration forms with deposit will be accepted in the order in which they are received.

COST OF CLASS PER PERSON: \$650
 x _____ # of attendees
 _____ Total amount owed

Please return this form ASAP: Maximum of 30 attendees per class

Payment Options (Choose One):

- On Account, subject to credit approval
- Check: Make payable to Williams Distributing Co
- Credit Card (Please Circle): **Visa** **MasterCard** **American Express**

Credit Card # _____

Exp Date: _____ Security Code: _____ Name on Card: _____

Billing Address (Only Street No. & Zip Needed): _____

Same as above address

Charge Amount: \$ _____

Please email or fax sign-up to **616.771.0490** | rgaler@wmsdist.com