



NJ ACADEMY of HOME INSPECTORS

23 Clyde Rd Suite 201
Somerset, NJ 08873
(732) 649-3141

Radon Courses

TO REGISTER PLEASE FILL OUT BOTH PAGES, SCAN TO A PDF FILE & EMAIL COMPLETE FORM TO classregistration@nj-ahi.com

Name: _____
Name should appear how you would like it printed on your certificate.

Company Name (if applicable): _____

Company/Home Address: _____ State: _____ Zip: _____

Company/Home City: _____ Email: _____

Cell Phone: _____

PLEASE SELECT COURSE(S) YOU WISH TO ATTEND

RADON MEASUREMENT TECHNICIAN COURSE - COST \$295

MONDAY, APRIL 8TH & TUESDAY, APRIL 9TH, 2024

Class Times (Both Days) 8 am – 5 pm

HOW WILL YOU ATTEND? – IN-PERSON: ZOOM:

MULTIFAMILY MEASUREMENT TRAINING FOR NEW JERSEY - COST \$155

WEDNESDAY, APRIL 10TH, 2024

Class Times 8 am – 5 pm

HOW WILL YOU ATTEND? – IN-PERSON: ZOOM:

SCHOOLS & LARGE BUILDINGS TRAINING FOR NEW JERSEY - COST \$95

THURSDAY, APRIL 11TH, 2024

Class Times 8 am – 12 pm

HOW WILL YOU ATTEND? – IN-PERSON: ZOOM:





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You will receive a confirmation email with a **ZOOM** meeting id and password once registration when payment is received. If you do not receive a confirmation email prior to **3 DAYS before** the class please call to confirm that we have received your registration.

Certificates will be issued via email from Spruce within 8 business days of class. Attendance will be taken at the beginning of class and at the end of the class. Students must be present for the entire course regardless of how they attend. If attending via ZOOM, students are required to be logged in with their camera on and display their name for the entire duration of the class.

Accepted Payment Methods

MUST CHECK ONE - Master:___ Visa:___ AMEX:___ Discover:___ Check:___ Venmo:___

Send Venmo Payment to @NJAH

Billing Address: _____

If paying by check please annotated below and send to:

DO NOT SEND BY CERTIFIED MAIL AS NO ONE WILL BE AT THE SCHOOL TO SIGN

NJ Academy of Home Inspectors
23 Clyde Rd SUITE 201
Somerset, NJ 08873

Credit Card #: _____

Security Code: _____ Exp. Date: _____

Name as it Appears on Card: _____

Date Signed: _____

Electronic or font signatures are not acceptable. The document must be physically signed in ink (wet signed).

Signature: _____

By signing this agreement, you agree to comply with the terms and conditions outlined above and acknowledge the refund policy stated below.

Refund policy: NJAHI reserves the right to cancel class due to insufficient enrollment. A full refund will be issued when NJAHI cancels any classes. Cancellation received prior to 10 days of the class will received a \$25 processing fee. No refunds will be given if canceling within 10 days of the class.

To register please fill out both pages, scan to a PDF file ONLY (NO PICTURES) and email complete form to classregistration@nj-ahi.com

