NTS REGISTRATION
“Fire Alarm Installation Methods”
Wednesday & Thursday, July 8-9, 2020 • 8AM – 5PM
ADI Training Room, 13100 W Lisbon Rd, Ste. 300, Brookfield, WI 53045

WISA Members…. $ 395  Non-Members…. $ 545
Fire/Municipal Inspectors…$ 150

If registering after 6/26/2020 a $35 late registration fee is required. After 6/26/2020 Priority or Over-night shipping fees will be charged to the customer

ATTENDANCE REQUIRED AT ALL SESSIONS  • Personal Device with internet capability required for on-line proctored exam

Limited Space Available

This 14-hour course is ideal for individuals seeking to expand their knowledge of the installation, service and maintenance of fire alarm systems. It provides broad training in proper installation and service requirements for commercial and household fire alarm systems based on NFPA and ICC codes. It will provide individuals with the knowledge and skills to install and maintain fire alarm systems that comply with NFPA 72 (2013 edition) and NFPA 70 (2011 edition).

SUBJECT AREAS INCLUDE:
- Introduction
- Codes and Standards
- Fire System fundamentals
- Initiating device operation
- Testing & Inspecting
- Emergency control functions
- Notifications appliances and circuits
- Communication & Reporting
- Household systems
- Documentation
- Wiring & CO detection

Use one registration form for each person. Copy this form as needed.

Name ____________________________________________________________
Company _________________________________________________________
Address __________________________________________________________
City ___________________ ST _______ Zip _________________

Work Phone ___________________________ Fax ________________________
E-mail ________________________________

Member of ______________________________________________________ (IF NOT WISA)

☐ My check, to WISA for total number of registrants is enclosed. (Send with registration to: Wisconsin Security Association, P.O. Box 28882, Greenfield, WI 53228)

☐ Please Invoice (Must be a current paid WISA member in good standing).

PAY BY CREDIT CARD  □ MC  □ VISA  □ AMX  □

Card Number ___________________________ Exp ________________________

Security Code

Name on Card ______________________________________________________

Address on Card ___________________________________________________

City ___________________ State _______ Zip _________________

SIGNATURE ______________________________________________________

Complete online or email completed form to info@wiesa.org. Questions Phone 414.459.3260

In compliance with the Americans with Disabilities Act, WISA will accommodate specials needs students through the following procedure. If a student has a special need, it must be documented in writing from the student’s doctor or other qualified professional. This written documentation must accompany the class registration form. WISA class cancellation policy: A refund minus a twenty-dollar ($20.00) processing charge will be given when a cancellation notice is given 72 hours or more prior to the start of the class either through phone, or e-mail. Invoiced but not paid, ‘No Shows’, will also be billed. If WISA is not notified of a cancellation there is no refund. A full refund will be given if the WISA cancels the class.