

**VIRTUAL RSMEANS CLASS OFFERINGS 1<sup>ST</sup> QUARTER 2021**  
**MUST REGISTER AT LEAST 5 BUSINESS DAYS BEFORE THE CLASS IS TO START**

<b>Construction Cost Estimating Concepts &amp; Practice</b>		<b>\$890 per seat</b>	
February 8-9	16511VF	11 AM to 3 PM EST	# of Seats _____
March 8-9	16511VM	10 AM to 2 PM EST	# of Seats _____
<b>Facilities Construction Estimating</b>		<b>\$1075 per seat</b>	
February 16-17-18	10511VF	11 AM to 3 PM EST	# of Seats _____
March 15-16-17	10511VM	10 AM to 2 PM EST	# of Seats _____
<b>Assessing Scope of Work for Facilities Estimating</b>		<b>\$1075 per seat</b>	
February 8-9-10	11211VF	Noon to 4 PM EST	# of Seats _____
March 23-24-25	11211VM	Noon to 4 PM EST	# of Seats _____
<b>RSMeans Online Training</b>		<b>\$890 per seat</b>	
February 23-24-25	18111VF	3 PM to 5 PM EST	# of Seats _____
March 16-17	18111VM	1:00 PM to 4:00 PM EST	# of Seats _____
<b>Maintenance and Repair for Facilities Estimating</b>		<b>\$1075 per seat</b>	
February 16-17-18	12411VF	Noon to 4 PM EST	# of Seats _____
March 9-10-11	12411VM	11 AM to 3 PM EST	# of Seats _____
<b>Mechanical &amp; Electrical Estimating</b>		<b>\$1075 per seat</b>	
February 22-23-24	11011VF	10 AM to 2 PM EST	# of Seats _____
March 22-23-24	11011VM	Noon to 4 PM EST	# of Seats _____

**Register by contacting John Willis at 781-422-5048**

Email: [j.willis@gordian.com](mailto:j.willis@gordian.com)

**COMPANY BUSINESS ADDRESS**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PAYMENT WITH A CREDIT CARD**

Card Type (**Circle one**)    VISA    MASTERCARD    AMERICAN EXPRESS    DISCOVER

Name as Appears on Card: \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Email Address for Receipt of Credit Card Payment \_\_\_\_\_

**IF MORE THAN ONE PERSON ON REGISTRATION FORM BE SURE IT IS CLEAR WHO IS ATTENDING WHAT CLASS AND WHAT THEIR SHIPPING ADDRESS IS**

**SHIPPING ADDRESS FOR THE ATTENDEE – MUST BE A STREET ADDRESS NO POST OFFICE BOXES**

**#1 Attendee**

Name of Class & Date Attending: \_\_\_\_\_

Attendee's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best Phone to be reached at: \_\_\_\_\_

Email Address: \_\_\_\_\_

**#2 Attendee**

Name of Class & Date Attending: \_\_\_\_\_

Attendee's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best Phone to be reached at: \_\_\_\_\_

Email Address: \_\_\_\_\_

**If you prefer to pay with your credit card, please call 781-422-5048. Or you may email me your Purchase Order or Training Form with all appropriate information as noted above.**

**CANCELLATION POLICY:** If you are unable to attend a training class, a colleague may be substituted at any time before the session starts by notifying in writing to the training registrar at 1-781-422-5115 or your sales representative. RSMMeans is not responsible for sending materials to the substitute colleague. If you cancel fewer than ten (10) days prior to the training class, you will either forfeit the registration fee or be allowed to apply your registration fee to the same class only once within the same calendar year. No-shows will forfeit their registration fees and no re-scheduling is permitted. In the unfortunate event of an RSMMeans cancellation, RSMMeans will work with you to reschedule your attendance in the same training class at a later date or will fully refund your registration fee. Any on-demand training modules are not eligible for cancellation, substitution, transfer, return or refund.