**Course Title:** Integrated Fire and Smoke Door Systems: Specifying Your Own Safety Net

**PROV #:** J149 **COURSE #:** TD-IFSDS-F2F **Provider Name:** Total Door Systems

**Name of Presenter:** _____

**Course Date:** _____ **City/State:** _____

**Company Name:** _____

**Street Address:** _____

**City, State, Zip:** _____

**Phone:** _____

**Participants at this course: (Please print)**

| MEMBER NUMBER | PARTICIPANT NAME | EMAIL ADDRESS *Please print clearly | Certificate Request |
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Provider will submit attendance within **10 business days.** Retain all attendance information for three years; electronic or paper