



Tech Training Session

Save the date for the TARA spring training session at the Bee Line Training center in Bettendorf Iowa. April 25th and 26, 2008 an excellent opportunity for training will be available for your shop personnel and adjusters. The two day course will cover frame correction, fabricated front axle correction which is seen on major truck manufacturers such as Volvo and Freightliner, wheel balance and maintenance of your hydraulic pumps and frame gauges.

Bee Line instructors will provide hands on demonstrations in correction of splayed frame rail such as the Mack and Volvo. How to measure and hold these frames will be discussed and put into practice. The fabricated front axle is becoming a prevalent sight in many shops. Hands on training in correction of this axle will be the first offered. The ease of wheel balance will also be demonstrated so that a less experience and less expensive technician can now perform this task freeing up more experienced technicians to perform the more difficult operations. A Bee Line technician will lead us through the proper maintenance of the hydraulic pumps to keep your shop running smooth. PLEASE bring along some of your frame gauges if you are driving in. An opportunity to learn how to clean and adjust these critical tools will be available.

Accommodations will be provided at the LODGE with special room rates of \$49.00 for a single and \$54.00 for a double per night which includes a breakfast buffet. Phone reservations at 1-866-690-4006 refer to the Bee Line program for April 25 and 26. Driving directions and more hotel info can be found at www.lodge-hotel.com.

Cost for the two day training session for TARA Members is \$50.00, Non members \$100.00. This includes lunch for both days. You will be responsible for all lodging and transportation costs. Friday session will run from 8:00 AM until 5:00 PM. Saturday will run from 8:00AM until 3:00 PM.

PLEASE NOTE THE SIZE OF CLASS IS LIMITED TO 30 PEOPLE.

Company Name _____ Phone # _____

Fax # _____

First Name	Last Name	Registration Amount
_____	_____	\$ _____
_____	_____	\$ _____
		Total Registration \$ _____

Prepayment Required: Check _____ Credit Card _____ Type: VISA _____ MC _____ AMEX _____

Account Number _____ Expiration Date _____

Name on card _____ Signature _____

Mail to:
Bob Razenberg
TARA President
Dalediens, Inc.
425 Vine St.
Kalamazoo, MI. 49001

Fax to:
(Credit Card Only)
269-343-0488

Questions:
269-343-1325