

PPG BUSINESS DEVELOPMENT CENTER REGISTRATION FORM.This form must be *completely* filled out to properly register you for class.

<u>Participant</u>			Sponsoring Jobber	
Social Security	#:(LAST 4 DIGITS ONLY)		Name:	
Name:			City:	State:
Home Address:			Account #:	P. O. #
City:	State:	Zip:	District Office of	<u> </u>
Home Phone No	umber: ()		Distributor Signature	Date
Job Title:			PPG Territory Manager	Territory #
Do you have a minimum of one (1) year technician experience in a collision or fleet repair facility and are you familiar with basic paint application techniques? yes no			Class Information	
			Class Desired:	
			Date:	
Do you have any health concerns which may prohibit your participation in any hands-on activities involving application			(First Choice) Location:	(Second Choice)
of refinish products?			(First Choice)	(Second Choice)
If yes, what are	they?			
Signature:			 For list of available classe www.ppgrefinish.com. 	es contact:
Date:			You will be invoiced through the second throug	igh your sponsoring
Emergency			jobber.For product-related classes, travel/lodging	
Contact:	Name	Phone #	arrangements and costs are the participant's responsibility.	
Company / Employer		Do not make airline reservations until you		
Name:			have received written con	
Address:			<u>Cancellation</u> Please remember you n	
City: State: Zip:		registration three (3) business days prior to start of class, otherwise a "No Call - No Show" will result in PPG billing you the full cost of this class.		
Phone Number: ()				
Fax Number:	_()		Email Address:	
PPG INDUSTRIES DOES NOT PERMIT THE RECORDING OF ANY PORTION OF ITS VARIOUS TRAINING SESSIONS FOR ANY REASON. THIS				

INCLUDES VIDEO, AUDIO, DIGITAL, PRINT PHOTOGRAPHY, OR ANY LIKE FORMAT OR MEDIUM CAPABLE OF RECORDING OR REPRODUCING THE PERSONAL TRAINING SESSIONS THAT YOU WILL HAVE ACCESS TO. IF YOU ARE CAUGHT VIOLATING THIS POLICY YOU WILL BE REQUESTED TO LEAVE THE SESSION IMMEDIATELY.

Please fax this **completed** application to:

PPG INDUSTRIES

Attn: Training Department

Phone: (800) 970-2283 FAX: (800) 227-4952

You will receive an Acknowledgement notice once the Registration Form has been received. You will receive Confirmation letter, along with a map, directions and hotel options, no later than two weeks prior to the class date