

Course Registration Form

Course:					
Location:					Date:
PARTICIPANT					
Social Security No: (Last 4 Digits)					
First Name:	Last Nar	ne:			
Address:					
City:	Sta	ite:	Zip:		
Phone No:	eM	ail:			
Emergency Contact:	Phone I	No:			
Do you have a minimum of one (1) year technician experience in a collision repair facility and are you familiar with basic paint application techniques?					
	n concerns, which may prohibit your particip involving application of refinish products?	ation in	0,	YES ON	10
If yes, please give deta	ils:				
COMPANY / EMPLOYER					
Name:					
Address:					
City:	Sta	ite:	Zip:		
Phone No:	Fax 1	No:			
SPONSORING JOBBER					
Approved By:					
Company Name:					
City:			State:		
Account No:			P.O. No:		
Territory Manager		Ter	ritory No:		

REMEMBER

- 1. You will be invoiced through your sponsoring jobber.
- For product-related classes, travel/lodging arrangements and costs are the participant's responsibility.
- Do not make airline reservations until you have received written confirmation.

CANCELLATION NOTICE

Please remember you must cancel your class 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.

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 session that you will have access to. If you are caught violating this policy you will be required to leave the session immediately.

FAX THIS <u>COMPLETED</u> APPLICATION TO:

PPG Industries

Attn: Training Department Fax: (800) 227-4952 Phone: (800) 647-6050

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