PPG BUSINESS DEVELOPMENT CENTER REGISTRATION FORM.

This form must be ***completely*** filled out to properly register you for class**.**

Participant

Social Security #:**(LAST 4 DIGITS ONLY)** ____ ____ ____ ____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: ( ) _____

Job Title: _____

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

Do you have any health concerns which may prohibit your participation in any hands-on activities involving application of refinish products? ☐ yes ☐ no

If yes, what are they? _____

Signature: _____

Date: _____

Emergency Contact: _____

Name **Phone #**

Company / Employer

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: ( ) _____

Fax Number: ( ) _____

Sponsoring Jobber

Name: _____

City: _____ State: _____

Account #: _____ P. O. # _____

_____

Distributor Signature Date

_____

PPG Territory Manager Territory #

Class Information

Class Desired: _____

Date: _____

(First Choice) *(Second Choice)*

Location: _____

(First Choice) *(Second Choice)*

- For list of available classes contact**:** **www.ppgrefinish.com**.
- 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.

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