



BUSINESS DEVELOPMENT CENTRE

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

Course Registration Form

Course:

Location: Requested Class Date:

PARTICIPANT

Social Insurance #: **X X X - X X -**

(Last 4 Digits ONLY)

First Name: Last Name:

Address:

City: Prov: Postal code:

Mobile Phone #: e-mail:

Emergency Contact: Phone #:

Do you have a minimum of one (1) year technician experience in a collision or fleet repair facility?

yes no

Hands-on activities include the use of respiratory protection. Do you have any health concerns that would prohibit your participation in these activities?

yes no

COMPANY / EMPLOYER

Name:

Address:

City: Prov: Postal code:

Phone #: Fax #:

Are you at least 18 years old?

yes no

NOTE: You must be at least 16 years old to attend PPG training. The Consent Waiver must be completed for students between the ages of 16-18 years old.

SPONSORING DISTRIBUTOR – All billing is handled through a local distributor.

Approved By:

Company Name:

City: Prov:

Account #: P.O. #:

Territory Manager: Territory #:

FORWARD THIS COMPLETED REGISTRATION TO:
(NO COVER SHEET IS NEEDED)

PPG Canada Inc.

ATTN – Training Dept.
automotiverefinishcanada@ppg.com

FAX (855) 823-9912
or (905) 823-4139

PHONE (905) 855-4489

You will receive an **ACKNOWLEDGEMENT** notice once your **REGISTRATION** has been processed.

No later than two weeks prior to the class date, you will receive a **CONFIRMATION** letter that includes a map, directions, and hotel options. Do **NOT** make airline reservations until you have received this written **CONFIRMATION**. We look forward to having you in class.