

**PPG BUSINESS DEVELOPMENT CENTER REGISTRATION FORM.**

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

Participant

Social Security #: _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone number: (____) _____

Job Title: _____

Shirt Size: _____

Do you have a minimum of one (1) year technician

experience a collision repair facility and are you familiar

with the 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: _____

Company / Employer

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone Number: (____) _____

Fax number: (____) _____

**** HOTEL REQUIRED: **** _____

Hotel? _____ Confirmation # _____

Sponsoring Jobber

Name: _____ English Color and Supply _____

City: _____ Richardson _____ State: _____ Texas _____

Account #: _____ 032116 _____ 00-32 _____ P.O.# _____

Moniqué Flener

Distributor Signature

Date _____

English Color Sales Representative**Rep #** _____

PPG Territory Manager

Territory# _____

Class Information***Class Desired:** _____****Date:** _____

(First Choice)

(Second Choice)

Location: _____

(First Choice)

(Second Choice)

* 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.**

***Fax to Moniqué Flener
(972) 231-7931***

English Color Invoice # _____ **Store #** _____ **Amount Paid \$** _____