

## **MVP BUSINESS COURSES REGISTRATION FORM**

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

<u>Participant</u>		Sponsoring Jobber	
SSN#:(Last 4 digits only):		Name:	
Name:		City:	State:
Home Address:		Account #:	
City:		P.O.#	
State:	Zip:		
Phone #:		Distributor Signature	Date
Email:			
Job Title:		PPG Territory Manager	Territory#
Emergency _	Name	Class Info	<u>ormation</u>
Contact Info:	Phone	Class Desired:	
Signature: _		Date:	
Date:		Location:	
	Company/Employer	Class Desired:	
Name:		Date:	
Address:		Location:	
City:		Cancellat	ion Notice
State:	Zip:	Please remember you must cancel your class registration (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 #:			
Fax #:	_		
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.			

You will receive an email confirming your registration has been submitted. You will receive a confirmation letter by fax no later than two weeks prior to the class date.

If you prefer to fax your registration please fax to: PPG INDUSTRIES, INC. 440-572-6980

ATTN: MVP