



Please call *FIRST* to verify space is available in the desired class. Please fill out ALL areas of form completely and legibly. Thank you!

TRAINING REGISTRATION FORM

Employed by: Refinisher - Wholesaler - Akzo Nobel - Other: _____
(CIRCLE CHOICE ABOVE)

STUDENT NAME:		SPONSOR - BRANCH OR	
POSITION:		WHOLESALER?:	The Body Parts Store, Inc.
SHOP NAME:		ADDRESS:	1863 NE 54th Avenue
ADDRESS:		CITY:	Des Moines
CITY:		STATE:	IA
STATE:		ZIP CODE:	50313
ZIP CODE:		PHONE#:	515-265-9999
PHONE #:		FAX #:	515-265-4218
FAX #:		ACCT #:	2501905
MANAGER NAME:		BOOKED BY:	

NOTE: ** ADDRESS FOR FEDEX DELIVERY, NO PO BOXES PLEASE.

STUDENT'S PROFILE ***INFORMATION REVIEWED BY INSTRUCTOR***	Sikkens Familiarity:	
	Years - Spray Experience	
	Shop Background:	
	Akzo Certified Previously?	
	Class Concerns:	
OTHER COMMENTS - ROOM SHARE, ETC.?		
*****ANY DIETARY RESTRICTIONS?		
*****SMOKING OR NON SMOKING?		

CLASS DATA

Course Name:		Date(s) of Class:	
Training Center location:		Akzo Nobel Sales Rep:	

FINANCIAL RESPONSIBILITIES

TO BE PAID BY:	TUITION COST	HOTEL COSTS	AIRLINE COSTS
Customer			DRIVING
Wholesaler		X	
Akzo Nobel	X		

Must be signed by all parties accepting financial responsibilities

_____ Akzo Representative _____ Customer _____ Wholesaler

Customer acknowledges that the costs associated with training, unless otherwise specifically stated above, are to be the customer's responsibility.

PLEASE PROVIDE THE STUDENT BOOKED WITH A COPY OF THIS FORM
Help prevent cancellations and no shows

For FORT WORTH or ORANGE CRIC - FAX to 817-232-1691 or E-Mail to: Terri.We hunt@akzonobel.com
*****Please call or email with any changes, updates, cancellations.