



## REGISTRATION FORM

### SOLAR PV TRAINING WORKSHOPS FOR CONTRACTORS PV 101 FOR CONTRACTORS

Solar Depot is offering Solar PV training workshops at locations throughout California. The workshop fee is \$295\* per person, and includes continental breakfast and lunch, as well as a training binder. Workshops are limited (first come, first served), and require a minimum of 15 attendees; otherwise we reserve the right to reschedule. Pre-registration is required by **five working days before the workshop date**. **There are no refunds on the registration fee; however credit to reschedule to a future workshop date is possible.**

*\* We offer a **discount for multiple attendees** from the same company; subsequent registrants receive **\$80 dollars off the fee**. We will credit you **\$150.00** of your paid workshop fee toward the purchase of your first PV system from Solar Depot LLC, if you purchase it within 90 days of your workshop attendance (**valid once per company**).*

**\*\* Please complete the form below and fax it to: 707-766-7722 \*\***

Check which workshop you will be attending:

<u>Petaluma, CA:</u> <input type="checkbox"/> Jan. 26 <sup>th</sup> , Tues.	<u>Sacramento, CA:</u> <input type="checkbox"/> Jan. 28 <sup>th</sup> , Thurs.	<u>Corona, CA:</u> <input type="checkbox"/> Feb. 4 <sup>th</sup> , Thurs.	<u>San Diego, CA:</u> <input type="checkbox"/> Feb. 5 <sup>th</sup> , Fri.
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Name(s): \_\_\_\_\_

Company: \_\_\_\_\_ Total # Attending: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Types of licenses held by your company: \_\_\_\_\_ How long in business: \_\_\_\_\_

Number of employees: \_\_\_\_\_ Current Customer: Yes No Solar Depot Sales Rep: \_\_\_\_\_

If more than one business location, please list other locations below:

Payment: **Fee: \$295**      **Subsequent attendees (same company): \$215**

My check for \$ \_\_\_\_\_ is attached.

Please mail check to: Attn: Cathy Dolcini, Solar Depot, 1240 Holm Rd., Petaluma, CA 94954

Charge my credit card: Total: \_\_\_\_\_  VISA     MC

Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_  
(Located on back of card.)

Signature \_\_\_\_\_ Please register me for the date checked above.

For questions about registration call 800-822-4041 ext. 1100 and ask for Cathy Dolcini