Technical Training
ENROLLMENT FORM

APPLICANT INFORMATION

Name: _____

Job Title: _____

Phone: _____

Email: _____

BUSINESS INFORMATION

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

DISTRIBUTOR INFORMATION

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

COURSE SELECTION

Class: _____

Location: _____

Date: _____

TO REGISTER OR FOR MORE INFORMATION contact Ashley Paul

Send completed form to ashley.paul@axaltacs.com OR

Fax completed form to 610-422-2509

1-855-6 AXALTA, Ext. 5 or 610-358-5354

You will receive a confirmation email once your enrollment is approved and processed.
Class schedule subject to change. Submitting application does not guarantee a space in class.
Class tuition will be billed to your sponsoring Distributor. Hotel costs and transportation arrangements are not included in class tuition and must be arranged for and paid for by participant.

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