

Training Application Form

YOUR CONTACT INFORMATION

First Name Last Name
Phone Email
Business Name
Business Address

Type of Business:

Distributor/ Reseller Installer Other (Specify) _____

Business Category:

Plumbing Renewable Energy
 Electronics Solar
 Electrical Other (Specify) _____
 Private

Are you an existing Microcare Customer?

YES

NO

Do you wish to subscribe to our monthly mailing list

YES

NO

Years' experience in the solar industry: _____

Technical background/ Qualifications: _____

Reason for Training: _____

Requested Training Date & Venue: _____

Signature

Date