

## Renewable Energy Training Award Program Report



Name:

Company:

Address:

City, State, Zip:

Phone:

Fax:

E-mail:

1. Indicate the title, date and location of the course or test that you attended.

Date:

Title:

Location:

2. Indicate the cost of the course or test:

3. Instructor Name:

4. Please explain how you or your business benefited from completing this training course and how it will aid in the development of renewable energy.

When completed, please fax or mail this form after the completion of the course to:

Chad Wolf

**Midwest Renewable Energy Association**

7558 Deer Road Fax: 715-592-6596 Custer, WI 54423 Phone: 715-592-6595