

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.

Title: _____

Date: _____

Location: _____

2. Indicate the cost of the course or test:

3. Have the course instructor sign this form indicating that you successfully completed the course and related coursework.

Course instructor signature: _____

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
Custer, WI 54423

Fax: 715-592-6596
Phone: 715-592-6595