

## 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 no later than one week 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