



Valley
POWER SYSTEMS, INC.

Enrollment Form

(Please print or type)

First Name: _____ Last Name: _____

Company Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

E-Mail Address: _____

Supervisor: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Class Description: _____ Location: _____

Starting Date: _____ Ending Date: _____

All enrollment forms and payment should be sent to the Mira Loma Training Center only!

Mira Loma Training Center

11300 Inland Ave

Mira Loma, Ca 91752

Phone: (951) 681-9283

Fax: (951) 681-6670

Hours: 8:00am to 4:00pm

E-Mail: Marisela.Arredondo@valleypsi.com

All classes must be paid for at time of enrollment. When paying by check, please make checks payable to **Valley Power Systems, Inc.** Once classes are paid for you will be faxed, emailed or mailed a Training Confirmation which is required to attend all classes. Students failing to cancel at least 72 hours prior to a class will not be eligible for a refund.

Training Confirmation is required to attend all classes.

Check #: _____ Cash: _____ Credit Card Type: _____

Credit Card #: _____ Expiration Date: _____

Name on Credit Card: _____ Authorization Signature: _____