



Online Training Contact Information Form

Please provide the following information for EACH PERSON that will be doing online training:

First Name:

Middle Initial:

Last Name:

MWEA Member ID:

Business:

Address:

City, State, Zip:

Email Address: (all lowercase letters)

Phone Number:

Fax:

Password: (all lowercase letters)

Number of pre-purchased Modules:

Note: After the MWEA office has received this information and payment, a userid and password will be setup so that you can start your online training. The userid will be the email address you indicated above and your password will be the password you indicated above – in all LOWERCASE LETTERS. You will be notified via email when you have been setup to start your training.

Please return this completed form with payment to:
MWEA, PO Box 397, Bath MI 48808 (Attention Karlyn Wickham)