



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 helen.valenti@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, e-mailed or mailed a Training Confirmation which is required to attend all classes. Students failing to cancel at least 72 hours prior to class start date 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: _____