



Training Information

Training Date: ____ / ____ / ____

Training Location: _____

Technician Information

Name: _____

Email: _____

Have you taken a Winegard training course previously? Yes / No

Dealership Information

Dealership Name: _____

Street Address: _____

City/State: _____ Zip: _____

Phone: ____ - ____ - _____ Fax: ____ - ____ - _____

Email: _____

Web Site: _____

Dealer Number (if already assigned): _____

If you have received this manual and wish to mail in this application (page 3) and consent form (page 5) along with the tests, **send them to:**

Amy Meekins
Winegard Company
3000 Kirkwood Street
Burlington, IA 52601

Or fax them to:
319-754-0787 Attn: Amy Meekins



Winegard Communication Consent Form

If you would like to receive emails from Winegard regarding new products, promotions, updates to products and tech tips, please fill out below and sign. This information will not be used by or sold to any other entity.

I, _____, agree this _____ day of _____, 20____ to receive notices, advertisements, announcements, brochures, and other information from Winegard via facsimile, telephone or email. I further agree that my express permission to fax, telephone or email me such notices and other information will continue and has no date of expiration.

_____ [Print full name]

_____ [Signature]

_____ [Title and name of entity]

Dealer Info:

Dealership Name: _____

Address: _____

City, St, Zip: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Please send form to:

Mobile Business Group
Winegard Company
3000 Kirkwood Street
Burlington, IA 52601
Fax: 319-754-0787 Attn: Amy Meekins
Email: ameek@winegard.com