
Application for on-site training

Fax form or visit www.winegard.com/training_request.php for online application.

Dealership Name: _____

Dealership Address: _____ City: _____

State: _____ Zip code: _____ Main Ph #: _____

Contact Name: _____ E-mail : _____

If the dealership has a Dealer # with Winegard, it is: _____

Types of satellite systems currently installing: (example: Crank-up and/or In-motion Domed)

Type of training requesting: _____

Number of attendees: _____

Do you have a room that could be used for the training? _____

What month(s) would be best to schedule on-site training? _____

Payment of \$50.00 per technician is required at time of training.

Directions to the Dealership (from a major highway or landmark): _____

Any special requests or concerns? _____

Return:

- Fax # 319-754-0787
Attn: JD Hoffman
- E-mail jhoff@winegard.com
- 1-800-288-8094 choose option 3 ext 605 or



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