



WIGTON WINDFARM LTD. RENEWABLE ENERGY TRAINING LAB REGISTRATION

Course Name: _____

Date: _____

Name: _____

National ID#: _____

Company: _____

Title: _____

Phone Number: _____

Email: _____

How did you learn about the course? _____

Please send completed form and a copy of your national ID to
traininglab@wwfja.com

*Please contact us if any special needs are required (Eg. dietary, physical access, etc.)
AT LEAST ONE (1) WEEK BEFORE THE COURSE COMMENCES*