



REQUEST TO ATTEND VENDOR EDUCATION

Date: _____

Your name:

Store name:

Vendor number:

Address:

Phone number:

Fax number:

Email Address:

Please indicate what session would you like to attend (specify date & location):

CHOICE	DATE	LOCATION
1 st Choice		
2 nd Choice		
3 rd Choice		

Please fax this form to:

Vendor Training Support Section

FAX (916) 263-3312

If you have any questions, please call (916) 928-8713