

West Coast Fall Training 2009

Trainer: Jerry Frear

Date	Day	Time	Location	Contact #
9/15/2009	Tuesday	8:30am - 4:30pm	Sacramento, CA Marcone Store	916.488.9395
9/16/2009	Wednesday	8:30am - 4:30pm	Oakland, CA Marcone Store	510.569.7939
9/17/2009	Thursday	8:30am - 4:30pm	San Francisco, CA Marcone Store	415.826.2224
9/21/2009	Tuesday	8:30am - 4:30pm	San Carlos, CA Marcone Store	650.591.4468
9/22/2009	Wednesday	8:30am - 4:30pm	San Jose, CA Marcone Store	408.275.9951
9/24/2009	Thursday	8:30am - 4:30pm	Fresno, CA Marcone Store	559.264.0361
9/29/2009	Tuesday	8:30am - 4:30pm	Van Nuys, CA Marcone Store	818.989.4575
9/30/2009	Wednesday	8:30am - 4:30pm	San Bernardino, CA Location TBD, Jackie Bird	951.966.4294
10/1/2009	Thursday	8:30am - 4:30pm	Cerritos, CA Marcone Store	562.802.9291

Start Time: Class #1 – 8:30am – 11:30 am

- K/A Dishwasher:** Operation Overview, Component Access, Testing and Diagnosis, Props and Handouts
- Lokring Tool:** How-to, Pros and Cons, Props and Handouts

Start Time: Class #2 – 12:30pm – 4:30pm

- Bosch Dishwasher:** Operation Overview, Component Access, Testing and Diagnosis, Props and Handouts
- Everpure:** Installation, Descaling, Troubleshooting, Props and Handouts
- PTAC:** Basics, Operation, Components, Testing and Diagnosis, Props and Handouts

** Please note that all times are approximate

MSA Plus Members: 2 Attendees **free** per session; \$25 per session for each additional tech
 MSA Associate Members: 1 Attendee **free** per session; \$25 per session for each additional tech
 Non-Members: \$50.00 per person, per session, Subject to availability after MSA member sign-ups



West Fall 2009 Training Schedule

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Register for classes using one of the five following options:

1. Call the Marcone Store where you would like to attend classes
2. Email mem@marcone.com
3. Mail Enrollment form to One City Place Drive STE 400, St. Louis, Missouri, 63141
4. Call 800-482-6022, option 2
5. Fax this form to Member Services 888-760-4264

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Name _____	Company Name _____
Address _____	
City _____	State _____ Zip _____
Phone # _____	Account # _____ MSA Member? Y N
Date of Classes : Class 1: _____ Class 2: _____	
Number of Technicians: Class 1: _____ Class 2: _____ (Fill in # of Techs attending each class.)	

