



## TRAINING ENROLLMENT FORM

**TO REGISTER:** *download form, complete applicable fields, and email or fax to 440-808-2202.*

### STUDENT INFORMATION

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

#### **REQUESTED SOFTWARE TRAINING** *(Please Mark Only One):*

ZEISS - U-SOFT BASIC (4-DAYS) ( )

ZEISS - CALYPSO BASIC (4 DAYS) ( )

ZEISS - CALYPSO ADVANCED (4 DAYS) ( )

ZEISS - CALYPSO CURVE (2 DAYS) ( )

ZEISS - CALYPSO FREEFORM (1 DAY) ( )

OGP - MEASURE X (2 DAYS) ( )

OGP - MEASUREMIND 3D (2 DAYS) ( )

METRONICS - QC5000 (1 DAY) ( )

GD&T for CMM Users (3 DAYS) ( )

ONSITE TRAINING ( )

➤ TYPE: \_\_\_\_\_

#### **REQUESTED TRAINING DATES:**

1<sup>st</sup> Choice Date: \_\_\_\_\_ Location: \_\_\_\_\_

2<sup>nd</sup> Choice Date: \_\_\_\_\_ Location: \_\_\_\_\_

### Select preferred payment method

Credits From Original System Purchase ( ) Sales Order # \_\_\_\_\_

New Purchase Order ( ) P.O. # \_\_\_\_\_

Credit Card: VISA: ( ) M/C: ( ) AMEX: ( ) → *We will call you for CC information.*

A copy of the purchase order must accompany this form in order for your reservation to be confirmed. One form **MUST** be completed for each student. All information **MUST** be furnished for admission. In the event that cancellation is necessary, notice must be received by I.E. no later than one week prior to the class start date. You will be billed 50% the course cost for any cancellation after this time.

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(734) 585-6146