



CLASS ENROLLMENT REQUEST

NOTE: THIS FORM MUST BE COMPLETED TO ATTEND THE DESIRED CLASS!

Return this completed form as soon as possible since courses fill rapidly.

Name of Student/Title: _____

Company Name: _____

Course Number(s) Desired: (Please Circle) 451 501 601

Course Date(s) _____

Required Model and Serial # of Your System/Software Version _____ / _____

*** Example: 9501.S12-1234 T81 4.406

** It is very important to enroll in the proper course to avoid distracting other students by requiring information not included in the class.*

Department (Mail Code): _____

Company Mailing Address: _____

Company Telephone Number (___) _____ Company Fax Number (___) _____

E-mail: _____

Please assist us by completing the following information:

Have you attended a previous Training Course at DIT-MCO? Yes No If yes, when? _____

Brief job description: _____

Options you purchased: _____

Options you may be interested in: _____

What do you test with your DIT-MCO? _____

What do you hope to learn from this course? _____

NOTE: Should you require additional help during the course, please contact the Training Registrar or Customer Support Supervisor. All attempts will be made to accommodate your needs.

Return this form to:

Training Registrar, DIT-MCO International

FAX: (816) 444-9737 or E-mail: training@ditmco.com