



DAIHEN, Inc.
ADVANCED WELDING & ROBOTIC SYSTEMS
 1400 Blausler Drive
 Tipp City, OH 45371
 Ph: (937) 667-0800 Fax: (937) 667-0885

TRAINING REGISTRATION FORM

INSTRUCTIONS:

1. Please complete this registration form and fax it to OTC DAIHEN, Inc. to the Service Coordinator's attention, at least 2 weeks prior to the requested class start date.
2. A separate registration form is required for each student attending training.
3. DAIHEN, Inc. will send an acknowledgement for each registration form received, indicating selected class dates, and PO# confirmation.
4. Please ensure that the scheduled class date is the same as requested. If there is a conflict with requested date, you will be notified by DAIHEN, Inc. so that an alternate date can be arranged.
5. Refunds for "no-shows" and/or cancellations with less than 5 business days notice prior to the start of class, are at the sole discretion of DAIHEN, Inc.

STUDENT INFORMATION:

Student Name: _____ Phone: _____
 Company Name: _____ Fax: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____

If different than above:

Billing Company Name: _____ Phone: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____

METHOD OF PAYMENT:

PO #: _____ Certificate/Job #: _____
 Credit Card: (please circle one) MasterCard Visa American Express
 Card #: _____ Expiration Date: _____
 Name as written on the Card _____

COURSE INFORMATION:

Desired Course: _____ Desired Date: _____ Alternate Date: _____

CONFIRMATION INFORMATION:

E-mail Address(s) for confirmation to be sent to:

Please send information to me about: Directions to OTC DAIHEN, Inc. Area Hotel Information
(not affiliated with OTC DAIHEN, Inc.)

CURRENT EQUIPMENT INFORMATION:

Controller: _____ Manipulator: _____ Power Supply: _____
 Optional Equipment: _____