



**DAIHEN, Inc.**  
**ADVANCED WELDING & ROBOTIC SYSTEMS**  
 1400 Blausser 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. OTC 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. Cancellations: There is no charge for class cancellations when OTC Daihen is notified in writing a minimum of 10 business days before the first course day. Cancellations received less than 10 business days from the start of class will incur a fee per the following schedule: 5 – 9 business days : \$350 ; 1 – 4 business days : \$650 ; Day of cancellation : Full class fee. The full class fee will also be charged for any student who fails to show up for class without any prior notice in writing.
6. Rescheduling: There is no charge for rescheduling a class registration when OTC Daihen is notified in writing a minimum of 10 business days before the first course day. Requests for rescheduling that are received less than 10 business days from the start of class will incur a fee per the following schedule: 5 – 9 business days : 10% of class charge ; 1 – 4 business days : 25% ; Day of rescheduling : 50% of class charge.

### STUDENT INFORMATON:

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    Expiration Date: \_\_\_\_\_

Card # \_\_\_\_\_ 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: \_\_\_\_\_