



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. 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: _____