



TRAINING REGISTRATION FORM

DAIHEN, Inc. ADVANCED WELDING & ROBOTIC SYSTEMS

1400 Blausser Drive Tipp City, OH 45371

Ph: (937) 667-0800 Fax: (937) 667-0885

email: service@daihen-usa.com

INSTRUCTIONS:

- 1) Please complete this registration form and either fax or email it to OTC DAIHEN, Inc., Attn: Technical Operation Coordinator, 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) Cancelledations: 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 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% and the Day of rescheduling, 50% of class charge.

STUDENT INFORMATION:

Student Name:	PH:	Fax:
Student email:		
Company Name:		
Street Address:		
City:	State:	Zip Code:
Confirmation email(s):		
Please send information to me about: (Please check)	<input type="checkbox"/> Directions to OTC DAIHEN, Inc.	<input type="checkbox"/> Area Hotel Information (Not affiliated with OTC DAIHEN, INC.)

Method of Payment: (Billing Company Name)

Company Name:	
Contact Name:	
Street Address:	
City:	State: Zip Code:
PO #:	Certificate / Job #:
Credit Card:	
Credit Card #: (Or call with information)	
Expiration Date:	
Name as written on Card:	
email:	

Course Information:

Desired Course:	
Desired Date:	
Alternate Date:	

Current Equipment Information:

Controller Model:	
Manipulator Type:	
Weld Power Supply:	
Optional Equipment:	

Additional Information:

--	--