



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) **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 result in a **6 month suspension** from attending any training courses for the registered individual. However, OTC DAIHEN will accept alternate individuals if notified in writing within the 10 business days prior to start to avoid suspension.
- 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. Any scheduling conflicts within 10 business days prior to the start of class will be considered a cancellation.
*****Mandatory Required Information: Robot & Controller Serial numbers**

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:						
Robot Serial Number:						
Controller Serial #:						
Additional Information:						