



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) Cancelled: 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:

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| 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)

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|----------------------------|----------------------|
| 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:

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|-----------------|--|
| Desired Course: | |
| Desired Date: | |
| Alternate Date: | |

Current Equipment Information:

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

Additional Information:

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