



**Nidec Industrial Automation USA, LLC**  
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## TRAINING REGISTRATION FORM

**First Name:**

**Last Name:**

**Company:**

**Address 1:**

**Address 2:**

**City:**

**State:**

**Postal Code:**

**Phone:**

**Email:**

**Course Title:**

**Start Date:**

**PO#**

*A PO number is required to reserve a seat in class. Space will not be reserved if the form is returned without a PO number.*

**Please list any topics of special interest that you'd like to see covered in class:**

Email completed Registration form to: [training.cta@mail.nidec.com](mailto:training.cta@mail.nidec.com)

*Registration forms must be completed in full. Class space will not be reserved unless all fields are completed.*

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**CONTROL TECHNIQUES™**

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