Nidec Control Techniques Onsite Training Form

Customer Information			
Billing Address		**Shipping Address**	
Company:		Company:	
Address 1:		Address 1:	
Address 2:		Address 2:	
City:		City:	
State:		State:	
Zip:		Zip:	

Primary Contact:
Cell Phone:
Email:

Training Requirements

Product:

Training Audience:

Training Style:

Desired Class Length:

Total Trainees:

Number of Classes:

Desired Start Time:

Desired End Time:

Access to PCs?

Can install software?

AM Break Time:

Lunch:

PM Break Time:

Please describe any topics of special concern:

Training Manuals

Printed training manuals required:

Quantity:

Printed product manuals required:

Quantity: