TRAINING ENROLLMENT APPLICATION

CONTACT INFORMATION

For additional information, please call us at +1-860-945-2343, or +1-800-395-5497, ext 2343

Complete the form below (or use facsimile) and mail, e-mail, or fax to:
Educational Department
1100 Buckingham Street
Watertown, CT 06795
e-mail: RAS_Training@emerson.com
Fax: +1-860-945-2278

A check, purchase order number, or credit card information for the total amount must be included. Telephone reservations may also be made by calling either of our office numbers above.

Ensuring customer confidence through knowledge of Bristol® and ControlWave® products and applications.

STUDENT INFORMATION

Date: _____ ☐ Check Enclosed ☐ P.O. # _____

☐ Visa ☐ Mastercard ☐ Amex Expiration Date: _____

Card Number: _____

Card Holder's Name: _____

Name: _____

Title: _____

Company: _____

Street (billing address): _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ E-mail: _____

PARTICIPANT'S MANAGER

Name: _____

Title: _____

Same location as above: ☐ Yes ☐ No

If different:

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone: _____ Ext: _____

CANCELLATION/NO-SHOW POLICY

A cancellation fee of one-half (1/2) of the per participant cost of the training class will be charged if a participant cancels within ten (10) days of the scheduled workshop. Substitutions or alternate participants may be possible; however, the request must be submitted within a reasonable time period before the class due to pre-training requirements. Special consideration is given to unusual or uncontrollable PERSONAL circumstances, which may cause a participant to cancel, i.e. sickness or death in the family. When this occurs, a waiver of the cancellation charge will be given.

COURSE ENROLLMENT

- Classes are five days unless otherwise noted
- Class times are 8:30 am to 4:00 pm
- The class dates are noted on the schedule

COURSE NUMBER: _____

TITLE: _____

LOCATION: _____

DATE OF SESSION: _____

FEE: _____

COURSE NUMBER: _____

TITLE: _____

LOCATION: _____

DATE OF SESSION: _____

FEE: _____

COURSE NUMBER: _____

TITLE: _____

LOCATION: _____

DATE OF SESSION: _____

FEE: _____

TOTAL FEES: _____

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