

Training Request for Application Center Switzerland

Customer Information:

Last name:.....
 First name:.....
 Position:.....
 Company:.....
 Address:.....
 Zip code:.....
 City:.....
 Country:.....
 Phone number:.....
 Fax number:.....
 E-Mail:.....
 Machine type:..... since:.....
 Spindle type:.....
 Industrial sector:..... (as application request form)
 Touch probe: yes no
 Laser tool measuring device: yes no
 Tool setter yes no
 Programming manual CAM
 If CAM please name CAM-System:.....

Training required:

Cost:

Date:

<input type="checkbox"/> iTNC 530 Training	on request	on request
<input type="checkbox"/> iTNC 530 5-Axis Training	on request	on request
<input type="checkbox"/> iTNC 530 Upgrade Training	on request	on request
<input type="checkbox"/> HSM Technology Training	on request	on request
<input type="checkbox"/> Customer Projects	on request	on request

Language: English French German

Preferred training date:

Date:..... (DD.MM.YYYY)

Comment:

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