

Training Courses Registration Form

Company : _____ Address : _____

City : _____ Zip Code : _____ Country : _____

Phone/Fax : _____ Office to Contact : _____

Course Type : _____ Period : _____ Solution Type : _____

Payment : 30 Days

Participants :

Name and Surname	Job Title	Phone N°
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature

Please sent back this form by mail, fax or e-mail to :

O.M.T. Tartarini s.r.l. Via P. Fabbri, 1 - 40013 Castel Maggiore (Bologna) - Italy

Fax N° : + 39 051 4190739 - E-mail : massimo.verzani@emerson.com