



IN-HOUSE TRAINING REGISTRATION FORM

Please Print Clearly, COMPLETE ALL SECTIONS and fax back to Kristi Kesti at: (906) 483-2774.

PLEASE NOTE: Steel toed footwear must be worn by all training attendees!

Company Name: _____ Contact Name: _____

Company Phone #: _____ Fax #: _____

Address: _____

City: _____ State: _____ ZIP: _____ Email Address: _____

CLASS NAME AND DATES:

Attendee Name(s): 1. _____

2. _____

3. _____

4. _____

Arrival Information: Date: _____ Time: _____ Airport: _____

First Night: _____ Check-out date: _____

PLEASE NOTE: Class sizes are limited and are filled on a first-come basis. Confirmation of available class space is required prior to making any further arrangements. Please check with Kristi Kesti or support@somero.com for class space availability.

Model of Laser Screed (please check one)

- SXP-D SXP S-240 S-160/S-100
SMP CH XD MSC PR

Screed Model Year: _____ Serial #: _____

Operating System:

- 3D GCS Small Line

NOTE: Prepayment for training class is required if training was not included in purchase price. Hotel expenses not paid directly to the hotel will be billed within 45 days after attending class.

Purchased New or Used: _____

Date Purchased: _____

Salesman: _____

Check here if you are a new customer

For Office Use Only
Training Included in Purchase Price: Yes No
Customer Prepayment For Training: Amt. \$ Date: Check #: Invoice: