

TOSHIBA INTERNATIONAL CORP

Toshiba Industrial Products Schools Course Registration Form COURSE DETAIL

Course Title:		Course	Course Length:	
Date of Course:		Tuition Fee: \$3500.00 per Student		
STUDENT INFORMATION Last Name:		First Nam	e:	
			ectronic Industry	
Company:				
Company Address:				
City:	State: Zip Code:			
Telephone:	Fax: Email:			
CLASSIFICATION: Pleas	e Check On	e:		
TIC Employee Distr	ributor 🗌	Authorized Service	Provider End User	
End User Identify your Dis	tributor			
TIC EMPLOYEES ONLY: Managers Name:		TIC Department:		
PAYMENT METHOD:				
Purchase order #:	Please	call us with your Credit (Card information or Check#	
Fax or email completed form to:				
SERVICE CLASS REGISTRATION: TOSHIBA INTERNATIONAL CORPORATION UPS Service Training 13131 West Little York Road HOUSTON, TEXAS 77041 EMAIL: rick.valenta@toshiba.com Phone: (855) 803-7087 Ext. 3320 Fax: 713) 896-52				
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DECLARATION: I hereby declare that all the abo	ve informatior	n is correct. And I Agree to	Toshiba's Terms and Conditions	
Signature:		Date:		
FOR TIC USE ONLY: TR# :		BY:	DATE:	