

Training registration form

Please fill out this form as completely as possible. Required fields are marked with *.

Date of class you are planning to attend:

*

Company:

*

Contact Person:

*

Address 1:

*

Address 2:

*

Telephone:

*

City, State, Zip:

*

Fax:

*

Country:

Email address:

*

Enter the names of up to 8 participants:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

Please answer these few questions to enable Customer Service to make your visit to San Diego and Teledyne API as pleasant as possible.

Will you need hotel reservations made for you? Yes No

Is there a specific hotel you would like to use?

Do you have your own transportation? Yes No

Do you need a map to get to/from TAPI? Yes No

Please indicate the instrument(s) that you request training for. Please check all that apply:

- | | | | |
|----------------------------------|---------------------------------|-------------------------------|----------------------------------|
| <input type="checkbox"/> 100A | <input type="checkbox"/> 200A | <input type="checkbox"/> 300 | <input type="checkbox"/> 400A |
| <input type="checkbox"/> 100E | <input type="checkbox"/> 200E | <input type="checkbox"/> 300E | <input type="checkbox"/> 400E |
| <input type="checkbox"/> 100AH | <input type="checkbox"/> 200AH | <input type="checkbox"/> 360 | <input type="checkbox"/> 400/450 |
| <input type="checkbox"/> 700/701 | <input type="checkbox"/> Other: | | |

Please note, You must check at least one box. Also, we need to know if you want to be trained on Model A or Model E instruments or both.

Comments/Additional Information

For questions or faxing this form please contact:

Teledyne Advanced Pollution Instrumentation
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858-657-9329 Fax
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