



# FORMULAIRE D'INSCRIPTION

## Formations Techniques

CLIENT INFORMATION								
Company:					PO #:			
Company address :								
City:		Province :		Postal cod	e:			
Phone #:	Fax #:		Contact name :					

#### **STUDENTS**

First name	Last name	Email

#### **COURSE INFORMATION**

Course code	Course name	Course date	City

### LUMEN BRANCH INFORMATION

Name of distributor :					
Address of distributor:					
City:		Province:		Postal code:	
Phone #:	Fax #:		Rep name :		

Please note that the need to postpone a course or a cancellation notified less than 14 days before the start date is subject to a (50%) charge for the course fee. If no notice is received, a fee (100%) applies. Rockwell Automation reserves the right to cancel the training session if the required minimum of 4 people (or 8 people for the IMINS course) is not reached 14 days before the start date.

#### Please email this form to the nearest Lumen location or your Lumen representative.