

M&M Service, Inc.
Gilbarco, Veeder-Root, Technical Training

Registration Form

Fax #: 859-781-1451

<u>Company Information:</u>	
Company Name _____	
Address _____	ASC # _____
City _____	State _____ Zip _____
Phone Number _____	Fax Number _____
Contact Name _____	
Email Address _____	

<u>Student Information:</u> Please provide student's office address (if different from above)	
Student Name _____	Tech # _____
Student's Office Address _____	Email _____
City _____	State _____ Zip _____

<u>Statement of Employment:</u> If other circumstances apply, please describe.	
The student has ____ years ____ months field experience.	
This student has successfully completed the required prerequisite courses ____ yes ____ no.	
The above listed company has directly employed this student since ____ month ____ year.	
_____	_____
Service Manager Name	Service Manager Signature

All classes require laptop XP or higher with wireless capability. Please check with registrar for compatibility.

<u>Course Desired:</u> Title _____
1 st Choice date _____ 2 nd Choice Date _____

<u>Payment:</u> Phone Payment Options are Available Check with Registrar Make checks payable to: M&M Service, Inc. and mail to address below.
--

Please complete this form and forward to: M&M Service, Inc. PO Box 416 Silver Grove, KY 41085 Fax 859-781-90402
