

TRAINING ENROLLMENT FORM



Scheduled Class Enrollment

CONTACT INFORMATION (See Note at Bottom)

Company Name _____

Supervisor Name _____ E-mail _____

Phone _____ Fax _____

Address _____

City _____ State _____ Postal Code _____ Country _____

TO ENROLL FOR TRAINING AT A FACTORY SCHEDULED CLASS

STUDENT NAME	E-MAIL ADDRESS*	CLASS NAME	CLASS NUMBER	CLASS DATE

***NOTE: THE E-MAIL ADDRESS CAN BE A COMPANY ASSIGNED OR PERSONAL**

PAYMENT INFORMATION

For JLG Account Holders

JLG Account Number _____ Purchase Order Number _____

For NON JLG Account Holders

Will payment be made by: (Please check one) Credit Card _____ Check _____

If paying by Credit Card, you will be contacted two weeks prior to Class start date for processing

If paying by Check, you will be e-mailed the address where to mail check

TRAIN THE TRAIN ENROLLEES PLEASE NOTE

Are you returning to be re-qualified, please check one: YES _____ NO _____

If not selected, you will be charged full Tuition for the Class. No credit will be given after payment has been processed.

DO ANY STUDENTS HAVE FOOD ALLERGIES: YES _____ NO _____

ARE ANY OF THE STUDENTS VEGETARIAN: YES _____ NO _____

PLEASE FAX THIS FORM TO JLG TRAINING AT 1-717-485-6013

Note: If you are sponsoring a student for one of your customers, please also provide the company's name, address, and phone number for the students training records on a separate sheet.

Putting your work above everything.™