



## Daikin Learning Institute Training Registration Form

Course Title: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Course Location: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Submitted By: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### **Please Specify Payment Option Below And Complete All Information.**

Company Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

PURCHASE ORDER: (Purchase Order **MUST** accompany registration)  CHECK (Due prior to start of class)  
**Purchase Orders and checks are only accepted for Service Training**

CREDIT CARD:  Master Card  VISA  American Express  Discover (Novus)

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cardholder Printed Name: \_\_\_\_\_ Security Code: \_\_\_\_\_

### **Payment is due in advance or student(s) will not be admitted.**

Mail copy of application form and check to:  
Daikin Applied/ Attn: Daikin Learning Institute  
P.O. Box 2510  
Staunton, VA 24402-2510

Fax application, copy of purchase order/check to:  
Linda Custer at 763-509-7663  
E-mail to: [daikinlearning@daikinapplied.com](mailto:daikinlearning@daikinapplied.com)

*Daikin Learning Institute reserves the right to make changes or alternations to the course content or schedule, and is not responsible for fees associated with changing dates or cancellation of classes. In the unlikely event of a schedule change or cancellation, our best effort will be made to notify all registrants in a timely manner.*