

2023 Training Registration Form



Registrant Name(s) _____

Job Title _____

Company _____

Address _____

City, State and Zip Code _____

Phone _____

Email _____

Course #1 _____

Date(s) _____ Cost _____

Course #2 _____

Date(s) _____ Cost _____

Total: _____

Special Lunch Dietary Requirements: _____

Billing Information

American Express Visa Mastercard Discover

Credit Card Number _____ Expiration Date _____

Name on Card _____

Purchase Order Number _____

Please send this form to Terry Rieser via email to Terry.Rieser@shi-g.com or by using the Cleveland mailing address or fax number below. A form that can be filled out on your computer can be found at:

sumitomo-shi-demag.us/training/

sumitomo-shi-demag.us

410 Horizon Dr., Suite 200
Suwanee, GA 30024
PH: 678.892.7900

17909 Cleveland Parkway Dr., Suite 100
Cleveland, OH 44135
PH: 440.876.8960 Fax: 440.876.2785

1177 Corporate Grove Dr.
Buffalo Grove, IL 60089
PH: 847.947.9569