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To: AutoForm Engineering USA  
Training Department

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## **AutoForm-Training: Request for Quotation**

Company: \_\_\_\_\_  
Department: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City / State: \_\_\_\_\_ / \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Course Name: **Draw Die Development / Process Layout**  
Location: AutoForm Skills Center, 3150 Livernois Road, Troy, MI 48083  
Course Date: \_\_\_\_\_  
Number of Participants: \_\_\_\_\_

Please send me a quote for the above mentioned training seminar.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature