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To: AutoForm Engineering USA
Training Department
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Registration Form for AutoForm-Workshop

Workshop Name: **AutoForm College Days**
Location: **AutoForm Skills Center – Suite 300A, Troy, MI**
Fee: **No Cost for Students**
Course Date: ☐ **August 3 – 5, 2020 (8:00 AM – 4:00 PM)**

Please fill out the following requirements on your registration form:

(All submitted registration forms will be evaluated before approved)

What College / University or Trade School are you attending? _____

What level of school/education have you completed? _____

(Please indicate below Sophomore, Junior, 4/5 year Senior or Trade School Year completed)? _____

What is your major or field of study? _____

What is your expected Graduation Date or Certification Date? _____

If not attending formal education, please indicate your post high school experience in the Stamping Industry: _____

Stamping Die Industry experience? _____

Stamping Die Company where experience was obtained? _____

Please indicate, how you heard about AutoForm? _____

Participant

Full Name: _____

School: _____

Street: _____

City, State: _____

Zip Code: _____

Phone: _____

E-mail: _____

Dietary Restrictions: ☐ Vegetarian ☐ Gluten-Free Other: _____

Date

Signature/Authorization

For Office use ONLY

☐ AUTH. _____

☐ Q# _____

KAM _____/TAM _____

☐ OB _____

☐ ABAS _____