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Training Department

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## Registration Form for AutoForm Workshop

Workshop Name: **AutoForm Hemming Hands-On Workshop**

Location: **AutoForm Skills Center (Suite 300A) or Online**

Fee: **Free to Participate to US and Canadian Customers Only**

Course Date:  September 23, 2021 from 8:00 AM – 11:30 AM

Participation:  On-site  Online

### Participant

Full Name: \_\_\_\_\_

Job: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Dietary Restrictions:  Vegetarian  Gluten-Free Others \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Authorization

For Office use ONLY

AUTH. \_\_\_\_\_

Q# \_\_\_\_\_

KAM \_\_\_\_\_/TAM \_\_\_\_\_

OB \_\_\_\_\_

ABAS \_\_\_\_\_