



**REGISTRATION FORM**

Classes will be held at our Akron facility located at 10 Ascot Parkway, Cuyahoga Falls, OH 44223.

**To register** for a class, print this page and **e-mail or fax (330) 923-8720** the completed registration form to either:

**Cindy Bergoch**, Training Coordinator, [Cindy.Bergoch@bwpackagingsystems.com](mailto:Cindy.Bergoch@bwpackagingsystems.com)

**Ron Barradas**, Director of Seamer Training, [Ron.Barradas@bwpackagingsystems.com](mailto:Ron.Barradas@bwpackagingsystems.com)

**Tuition – Basic Classes- \$2,500.00/person**

**Advanced/Overhaul Classes- \$2,800.00/person**

(Invoiced the month prior to class and payable in advance of arrival.)

- **CANCELLATIONS** require three weeks **ADVANCE WRITTEN NOTICE** to receive refund of class fee.
- A 10% discount applies for customers with 4 or more employees enrolled in the same training class.
- Payment can also be made by Visa, MasterCard and AmEx. (3% fee for credit card transactions)
- If a translator is needed there will be an additional \$1,250.00 fee.

Classroom spaces will be assigned on a **first-come, first-serve basis**. Confirmation and hotel/travel information will be sent to you upon receipt of this completed form. A catered lunch is provided in our facility for the students during the training course. Please note any special dietary needs. Travel, hotel and incidental living expenses are not included. You will be notified as soon as possible if the date you select is unavailable.

**DRESS CODE and SAFETY:** All tools and safety equipment will be provided. However, no cloth shoes, sandals, tank tops or shorts are allowed. **Safety is the responsibility of the attendee.**

Your Name \_\_\_\_\_ Title \_\_\_\_\_

Class & Date Requesting \_\_\_\_\_

Company \_\_\_\_\_

Company Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**\*CREDIT CARD OR PO# INFORMATION REQUIRED**

**P.O.# OR CREDIT CARD #:** \_\_\_\_\_

**Card Expiration Date** \_\_\_\_\_ (MMYY) **Name on the Card** \_\_\_\_\_ **CVS Code** \_\_\_\_\_

**\*REQUIRED E-mail:** \_\_\_\_\_

**\*REQUIRED - Machine model # that you currently utilize:** \_\_\_\_\_ **Translator needed?** \_\_\_\_\_

Student Name	Class Date	Student Name	Class Date
1		4	
2		5	
3		6	