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# Training Enrollment Request Form

## Technician Information

Technician Name:	
Technician Email Address:	
Company Name:	
Manager Name:	
Manager Phone/Email:	
Customer P.O.	

## Course Information

Course Code:	Course Title:	Class Dates:	Class Location:

*Note: Customers will receive automatic notifications for our Learning Management System. No action is needed from the customer.*

Customers must give two weeks' notice if they intend to withdraw a technician from the class.

Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any food allergies or dietary restrictions: \_\_\_\_\_

Forward all requests to [blanchard@blanchardmachinery.com](mailto:blanchard@blanchardmachinery.com) or call 803-926-4113

