



Seminar & Workshop Registration Form



Please type or print clearly.

Participant Name/Title _____

Company Name _____

Address _____ City/State _____ Zip Code _____

Telephone _____ FAX _____ Country _____

Please mark the Course/Date you wish to attend.

Intro to Ultrasonic Plastics Assembly	Application Setup & Troubleshooting Workshop*	Thermoplastic Materials & Part Design Workshop*	Introduction to Laser Welding
(8:30 am – 4:30 pm) <input type="checkbox"/> October 13	(8:30 am – 4:30 pm) <input type="checkbox"/> October 14	(8:30 am – 12:00 pm) TBA	(8:30 am – 4:30 pm) TBA
Ultrasonic Tooling Workshop*	Service & Repair Workshop*	Introducción al Ensamble de Plásticos por Ultrasonido	Taller para Programación de Aplicaciones y Resolución de Problemas*
(8:30 am – 4:30 pm) TBA	(8:30 am – 4:30 pm) Call: 630-797-4980	(8:30 am – 4:30 pm) TBA	(8:30 am – 4:30 pm) TBA

* Indicates prerequisite required. Please contact the Dukane Ultrasonics Training Hotline for more information.

Photocopy this form for future use!

METHOD OF PAYMENT

Check enclosed (payable to Dukane Corporation) Check will be mailed Purchase Order # _____

VISA MASTERCARD AMERICAN EXPRESS Card #

Name on card (please print) _____

Signature _____ Exp. date _____

(For all credit card payments we require your signature and credit card expiration date.)

Please FAX or mail this form (along with payment) to:
 Dukane Corporation Ultrasonics Training Team • 2900 Dukane Drive • St. Charles, Illinois 60174 USA
 TEL (630) 797-4929 • FAX (630) 797-4949
REGISTER and PAY ONLINE at: www.dukane-store.com