

## e-Learning Registration Request Form

### Student Information

Company Name \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Phone: ( ) \_\_\_\_\_ # of Students to Register \_\_\_\_\_

Credit Card Type:  Master Card  Visa  American Express Name on Card: \_\_\_\_\_

CC #: \_\_\_\_\_ CID Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Department Number \_\_\_\_\_ (Parker Employees Only) PO Number: \_\_\_\_\_ (Parker Distributor Only)

Marketing Code \_\_\_\_\_ (Parker Employees Only)

### Course Information

Select the course you would like to register for:

- |   |  |
|---|--|
| <input type="checkbox"/> Pneumatic Products<br><input type="checkbox"/> Pneumatic Technology<br><input type="checkbox"/> Electromechanical Technology<br><input type="checkbox"/> DC Drives Technology<br><input type="checkbox"/> DC Drives Products | <input type="checkbox"/> Miniature Liquid Control Valve Technology<br><input type="checkbox"/> Miniature Liquid Control Valve Product<br><input type="checkbox"/> Hydraulic Technology<br><input type="checkbox"/> Digital Overheads<br><input type="checkbox"/> Text Book: _____ (Specify Book) |
|---|--|

Please see pricing list for the cost of each course

Return this registration form via email or fax.  
 Email: [mctrain@parker.com](mailto:mctrain@parker.com) Fax: 216-514-6738  
 For questions please contact us at: 216-896-2495