



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 | <input type="checkbox"/> Miniature Liquid Control Valve Technology |
| <input type="checkbox"/> Pneumatic Technology | <input type="checkbox"/> Miniature Liquid Control Valve Product |
| <input type="checkbox"/> Electromechanical Technology | <input type="checkbox"/> Hydraulic Technology |
| <input type="checkbox"/> DC Drives Technology | <input type="checkbox"/> Digital Overheads |
| <input type="checkbox"/> DC Drives Products | <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 Fax: 216-514-6738
For questions please contact us at: 216-896-2495