

REGISTRATION FORM

REGISTER:

INTERNET: www.konecranesamericas.com

FAX this form to: 262-641-9206

PHONE: 1-866-821-4006

E-MAIL: Institute@konecranes.com

MAIL this form to:

Konecranes Training Institute
2712 S. 163rd Street
New Berlin, WI 53151

Over 98% of students surveyed rate the Konecranes Training Institute courses as meeting or exceeding expectations.

PAYMENT INFORMATION

Bill Purchase Order#: _____

Check Enclosed (Make payable to: Konecranes Training Institute)

Visa MasterCard American Express

Card Number: _____

Expiration Date: _____

Amount: _____

Name on Card: _____

Signature: _____

**Seminars include all course materials, lunch, and refreshments.
Seminar hours 8am - 4pm**

ON-SITE TRAINING IS AVAILABLE!

Course Location: _____

Course Dates: _____

STUDENT INFORMATION

NAME _____ EMAIL: _____ CLASS #'s _____

NAME _____ EMAIL: _____ CLASS #'s _____

NAME _____ EMAIL: _____ CLASS #'s _____

NAME _____ EMAIL: _____ CLASS #'s _____

NAME _____ EMAIL: _____ CLASS #'s _____

AUTHORIZING PERSON/SUPERVISOR INFORMATION

NAME _____ PHONE: _____

COMPANY: _____ FAX: _____

ADDRESS: _____ EMAIL: _____

CITY _____ STATE _____ ZIP: _____

*"Great materials, excellent instructor, good examples."
- Rene; Phelps Dodge*

REGISTER ON-LINE: www.konecranesamericas.com