

To: AutoForm Engineering USA
Training Department
Fax: +1 - 888 - 528 - 8636 / E-mail: training@autoform.com

Registration Form for AutoForm-Workshop

Workshop Name: **AutoForm College Days**
Location: **AutoForm Skills Center – Suite 300A, Troy, MI**
Fee: **No Cost for Students**
Course Date: **August 5 – 6, 2024 (8:00 AM – 4:00 PM)**

Please fill out the following requirements on your registration form:
(All submitted registration forms will be evaluated before approved)

What College / University or Trade School are you attending? _____

What level of school/education have you completed?

(Please indicate below Sophomore, Junior, 4/5 year Senior or Trade School Year completed)?

What is your major or field of study? _____

What is your expected Graduation Date or Certification Date? _____

If not attending formal education, please indicate your post high school experience in the Stamping Industry:

Stamping Die Industry experience? _____

Stamping Die Company where experience was obtained? _____

Please indicate, how you heard about AutoForm? _____

Participant

Full Name: _____

School: _____

Street: _____

City, State: _____

Zip Code: _____

Phone: _____

E-mail: _____

Dietary Restrictions: Vegetarian Gluten-Free Other: _____

Date Signature/Authorization

For Office use ONLY

AUTH. _____

Q# _____

KAM _____/TAM _____

OB _____

ABAS _____