

YOKOGAWA



TO: Training Coordinator, Yokogawa Philippines, Inc.

FROM:

FAX: (632) 638-4943

DATE:

SUBJ: Training Enrollment Form

TRAINING ENROLLMENT FORM

(one student per form please)

Signing this form constitutes the acceptance of Yokogawa Philippines, Inc. terms & conditions and enrollment policy

Name of Person Attending Training: _____

Company Name: _____

Company Address: _____

Employees no.: _____ TIN no.: _____

Shipping Address (if different): _____

Telephone Number: _____ Fax no.: _____

E-mail Address: _____

Requested Course Name: _____

Requested Course Date: _____

Cost of Course: _____

Requested Course Location (choose one): YPI office ☐ Other (pls. specify) ☐ _____

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For Corporate Trainings:

Method of Payment (choose one): Cash ☐ Check ☐ Bill Me ☐ (subject to YPI management approval)

Kindly fill this up, if your mode of payment is "Bill Me" PO

Number :

Billing Address: _____

Signature (**required**): _____ Date: _____

