

# Diebold Business Partner Enrollment Form

## Diebold Education Center Training Courses

This form is to be used for class enrollment by all Diebold Business Partners  
A separate form must be completed for each student.

**Please Return To:**  
Diebold Education Center  
Stark State College campus  
6057 Strip Ave. N.W.  
North Canton, Ohio 44720  
or FAX (330) 490-5100  
or EMAIL:

CustomerEducation@diebold.com

### DIEBOLD BUSINESS PARTNER ENROLLMENT FORM

(Please Print or Type)

#### BUSINESS PARTNER INFORMATION

Company Name: \_\_\_\_\_ Business Partner: Yes \_\_\_\_\_ No \_\_\_\_\_  
P.O. Number: \_\_\_\_\_ (Required from Business Partners before enrollment/confirmation will be made)  
Company Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

#### STUDENT/SUPERVISOR INFORMATION

Student Name: \_\_\_\_\_ Student Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Country Code: \_\_\_\_\_ City Code: \_\_\_\_\_ Fax: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

#### COURSE INFORMATION

<u>Name</u>	<u>Date</u>	<u>Fee</u>
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____
_____	/ /	_____

Prerequisites Met? Yes \_\_\_\_ No \_\_\_\_

(as required)

Total Fee

#### BILLING INFORMATION (REQUIRED)

(Please Print or Type)

I, the undersigned, hereby authorize billing for the above educational services. I further understand that cancellation of an enrollment less than ten working days prior to the course date may result in the loss of any enrollment fees.

Name and Title: \_\_\_\_\_  
Bill To Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Student(s) will NOT be enrolled without a P.O. Number.

Signature: \_\_\_\_\_ Date: / /

**ALL PRINTED COPIES OF THIS FORM ARE UNCONTROLLED DOCUMENTS.**