

Diebold Customer Enrollment Form

Customer Education Courses

This form is to be used for class enrollment by all non-Diebold personnel. A separate form must be completed for each student.

Please Return To:
 Diebold Customer Education Group
 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 CUSTOMER ENROLLMENT FORM

CUSTOMER INFORMATION

Customer Name: _____
 Company Address: _____

 City: _____ State: _____ Zip Code: _____

STUDENT/SUPERVISOR INFORMATION

Student Name: _____ Student Title: _____
 Phone: _____ Ext: _____ Phone: _____ EMAIL: _____
 Supervisor: _____ Fax: _____ EMAIL: _____

COURSE INFORMATION

Name	Date	Fee
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

TAG Member: Yes No (This will be verified prior to billing) Total Fee: _____

Discount Information:
 TAG member, deduct 40% from total if attending
 Canton course(s). TAG member deduct 20% from
 total fee if courses conducted at customer site.

Prerequisites Met? Yes No Discount (if applies): _____
 Net Fee: _____

On-site class: Yes No If yes, specify course location: _____

Cancellation Policy: A \$500.00 fee will be assessed for cancellations received less than 10 days prior to class

BILLING INFORMATION (REQUIRED)

Sales Order Number: (if training was sold on S.O.) _____ Date: ____/____/____

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: _____ (if training is to be directly billed to customer)

Address: _____

Signature: _____ Date: ____/____/____

ALL PRINTED COPIES OF THIS FORM ARE UNCONTROLLED DOCUMENTS.