

GCS CUSTOMIZED TRAINING CLASS REQUEST



Thanks, you for your time in helping us to design the most effective custom training course for you
Please return this form to the training department upon completion via email at training@govconsys.com
or via fax 954-761-8651

Company Information

Company Name			Company Address		
<input type="text"/>			<input type="text"/>		
City	State	Zip Code	First Name	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Company Phone	Cell	Fax	Email Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Request Details

Application: (Type of Prime Mover)	Products you would like to be trained on:
<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gas Engine <input type="checkbox"/> Steam Turbine <input type="checkbox"/> Other	<input type="checkbox"/> Woodward <input type="checkbox"/> Schaller <input type="checkbox"/> Basler <input type="checkbox"/> Dynalco <input type="checkbox"/> Other

Model (Product Name)	Part Number	Software Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please describe your application and operation of your system:

Type of Training:	Training Location: (Overseas customers please provide transportation to and from the hotel to/from training site)
<input type="radio"/> Electronic or <input type="radio"/> Mechanical	
<input type="checkbox"/> Theoretical <input type="checkbox"/> Theoretical	<input type="text"/>
<input type="checkbox"/> Hands-on <input type="checkbox"/> Hands-on	Site Name and Location <input type="text"/>

Student Information:	Training Date*
<input type="radio"/> Do you have more than one group to train?	<input type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	1 st choice dates <input type="text"/>
<input type="radio"/> If so, how many groups? <input type="text"/>	2 nd choice dates <input type="text"/>
<input type="radio"/> Number of people per group: <input type="text"/>	3 rd choice dates <input type="text"/>

Note: We recommend no more than eight to ten for classroom training and no more than six for hands-on training

<input type="radio"/> Is this a new system you are requesting training for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="radio"/> Do you have other controls/products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="radio"/> If so, please list them:	

Cancellations must be in writing. No charge for cancellations received four weeks before the first day of class. Cancellations within the four weeks, 25% of the cost of the class; cancellation charge within three weeks, 50% of the cost of the class is charged; within two weeks, 75% of the cost of the class is charged; within one week, 100% of the cost of the class is charged. No-shows will be charged 100% of the cost of the class. Names may be substituted at no additional charge. Please notify the Training Coordinator if the name of the class attendee changes.

*Charges will not be applied until week of training. A paid receipt will be sent at that time.

