



TRAINING COURSE ENROLLMENT FORM

NAME_____

PH_____FX_____EMAIL_____

COMPANY_____

ADDRESS_____

CITY/TOWN_____STATE/COUNTRY_____

ZIP/POSTAL CODE_____COUNTRY_____

*DIETARY REQUIREMENTS_____

PerkinElmer may cancel course with low enrollment, in which case 2 weeks notice will be given.

Course #N020...	Course Title	Course Date	Location

METHOD OF PAYMENT: PerkinElmer will NOT guarantee seating unless payment method is provided upon registration

_____BILL MY COMPANY USING PURCHASE ORDER NUMBER_____

(Purchase orders MUST be faxed with registration to 203-944-4902)

_____CHECK ENCLOSED#_____

_____CHECK MAILED_____

(Please fax copy of check and include check number)

_____CREDIT CARD (circle one) _____MC _____VISA _____AMEX

(Credit Card MUST be provided upon registration to ensure seat in requested course)

Exp.Date:_____Number_____

Name as it appears on card:_____

_____TRAINING WAS INCLUDED WITH SALE OF INSTRUMENT_____

(PerkinElmer sales order number MUST be provided)

*INSTRUMENT MODEL _____SOFTWARE VERSION_____

(*Data necessary for course instructors)

Send application to: PerkinElmer Customer Training AIUSTRaining@perkinelmer.com

ph 1- 800-762-4000 option 4

fax +001 203-944-4902

or enroll on the Web at www.perkinelmer.com/onesource