



2020 Training Registration Form

Registrant Name(s) _____

Job Title _____

Company _____

Address _____

City, State and Zip Code _____

Phone _____

Email _____

Course #1 _____

Date(s) _____ Cost _____

Course #2 _____

Date(s) _____ Cost _____

Total: _____

Special Lunch Dietary Requirements: _____

Billing Information

American Express Visa Mastercard Discover

Credit Card Number _____ Expiration Date _____

Name on Card _____

Purchase Order Number _____

Please send this form to Terry Rieser via email to Terry.Rieser@shi-g.com or by using the Strongsville mailing address or fax number below. A form that can be filled out on your computer can be found at:

sumitomo-shi-demag.us/training/

sumitomo-shi-demag.us

410 Horizon Dr., Suite 200
Suwanee, GA 30024
PH: 678.892.7900
Fax: 770.441.9168

1177 Corporate Grove Dr.
Buffalo Grove, IL 60089
PH: 847.947.9569

11792 Alameda Dr.
Strongsville, OH 44149
PH: 440.876.8960
Fax: 440.876.4383