

KUKA College
KUKA Robotics Corporation
 22500 Key Drive
 Clinton Township,
 Michigan 48036



Phone (866) 406-1281 Fax: (586)-569-2090

Training Enrollment Form

Class Date:	
Times:	Monday – Thursday 8:00 AM– 5:00 PM (Mechanical: Tues-Thursday)
Company Name:	
Address:	
City, State Zip Code:	
Phone/Fax:	
Number of Students:	
Course:	

Names of Students:

1.	5.
2.	6.
3.	7.
4.	8.

Authorized Signature:	
Print Name:	Date:
Title:	P.O.#:

A Completed Enrollment Form, And A Copy Of The Purchase Order Are Required 14 Days Prior To Class For Confirmation. Fax Your Completed Enrollment Form To:

Attn. KUKA College: Fax: (586) 465-8707

Cancellation/Rescheduling of Training Classes:

Full payment (“Tuition”) for a reservation in a KUKA robot training class is expected at the time of scheduling such reservation, unless otherwise agreed to by KUKA in writing. Tuition is non-refundable. Rescheduling a reservation with a minimum of two (2) weeks advance notice to KUKA is subject to a fee equal to ten percent (10%) of the Tuition. Rescheduling a reservation with less than two (2) weeks advance notice to KUKA is subject to a fee equal to thirty percent (30%) of the Tuition. Upon payment of the rescheduling fee, KUKA will issue a voucher to Buyer which may be used by Buyer to reschedule the reservation for a training class held within six (6) months from the voucher date. Unused vouchers are non-refundable. KUKA reserves the right to cancel or modify classes at any time.

QF-046 Scope:	Compiled/amended	Checked	Released	Version	Page
Training	C. Schapka, 10-6-09	N. Horvath, 10-7-09	C. Schapka, 10-6-09	08	1 of 1



Training Checklist/Request

What KUKA Training will you require ?	
How many students will be attending and on which dates ?	
What KUKA robot models will you require training for:	
What KUKA Controller will you require training for:	KRC32 KRC1 KRC2 KRC2 sr KRC3 Circle one
What KUKA Software version will you require training for:	V2.28 V3.26 V4.14 V5.xx V7.XX Circle one
What is your Application?	

Please Return Completed





college@kukarobotics.com

or

Fax: (586) 465-8707

KUKA Robotics Corporation Credit Card Payment Request



Name:	<input type="text"/>	Date:	<input type="text"/>
<i>(As It Appears On The Credit Card)</i>			
Street Address:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	Zip:	<input type="text"/>
		Phone No.:	<input type="text"/>
<i>(with area code)</i>			
Company:	<input type="text"/>		
Payment For:	<input type="text"/>		
	<input type="text"/>		
Payment Amount: \$	<input type="text"/>		
Card No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Exp. Date:	<input type="text"/>
			<input type="text"/>
		<i>Month</i>	<i>Year</i>
<input type="checkbox"/> Personal Credit Card		<input type="checkbox"/> Corporate Credit Card	
<i>Please Indicate The Card Company To Be Used By Placing An "X" In The Corresponding Box Below.</i>			
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>			<input type="checkbox"/>
			
KUKA Sales Order #			<input type="text"/>
Signature:	<input type="text"/>		

Please fill in the above information and return by Fax (confidential fax number)
@ (586) 465-8724, Attn: Accounting Department