



SigmaNEST[®] Training Seminars Registration Form

Please fax this completed form to 513-674-0009 or email it to Training@sigmanest.com.

Company Information:

Company Name:	
Address:	
City, State, Zip Code:	
Phone Number:	
FAX Number:	
Email Address(es):	

Attendees Name	Date*	SigmaTEK Location	Course Code

Authorization:

Purchase Order Number:	
Visa _____ Master Card _____ American Express _____	Please complete the credit card authorization form which can be obtained on-line at http://www.sigmanest.com/Company/creditForm.pdf or contact our office for a faxed copy
Total Amount:	
Authorized Signature:	
Printed Name & Date:	

Please Answer the Following Questions:

(Please attach if additional space is necessary.)

Do you currently have a CAD system other than SigmaNEST? If so which one and for how long?	
What Operating System (Win XP Pro/Win 2K Pro) does your SigmaNEST PC use?	
Is this PC connected to a network and/or server?	
Is your ...\\SNDATA\ directory shared between multiple users? Is it located in a networked location?	
Does your SigmaNEST PC have Internet access? If so is the connection "High Speed" and what bandwidth?	
What cutting machine(s) do you have? What length of time in production?	
What specific features of SigmaNEST would you like to see taught or focused on while in Training?	

*Please allow 1 working day for confirmation on class dates. This confirmation will also include driving directions and hotel accommodation information. Due to availability rescheduling may become necessary.

**You may be contacted by a SigmaTEK training instructor to review your training needs, however please feel free to bring with you any files/materials pertinent to topics you would like to cover.