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Training Registration Form

Ver2APR2011

STUDENT NAME												REQUEST DATE					
COMPANY NAME																	
COMPANY ADDRESS																	
BUSINESS TELEPHONE												BUSINESS FAX					
EMAIL ADDRESS																	
Daikin AC University Classroom Training																	
COURSE NAME												COURSE CODE					
TRAINING LOCATION: CITY & STATE												START DATE OF CLASS					
Web-Based Training Coupon Request																	
10 FULL SUBSCRIPTIONS: \$1999												FULL SUBSCRIPTION PRICE: \$399					
How many sets of 10?												How many full subscriptions?					
OR																	
INTERNAL USE ONLY																	
DATE OF ISSUE / EFFECTIVE DATE												EXPIRATION DATE OF COUPONS					
INVOICE AMOUNT												DATE OF INVOICE					
DATE PAYMENT RECEIVED												DATE PAYMENT PROCESSED					

* List your name as you would like it to appear on a certificate of completion
 Return completed form along with payment / credit card authorization to: training@daikinac.com.