



Training Request:

☐ **MicroKinetics Facility**

☐ **On-Site**

Company Name _____ Contact _____

Street/P.O. Box _____ City/State/Zip _____

Telephone () _____ Email _____

How many people will attend the training? _____

Identify the skill level of each attendee (indicate # of each):

Machining:

- a) Drill Press/Sheet Metal Brake/Grinder/Bandsaw
- b) Milling Machine
- c) Lathe
- d) Other/Describe

CNC Knowledge:

- a) ____ Operator
- b) ____ Fixture Set-Up
- c) ____ Part Programmer

CNC Skills:

- a) Beginner
- b) Intermediate
- c) Proficient
- d) Programmer Level
- e) IT Professional

Other Brand CNC:

- a) ____ Haas
- b) ____ Fanuc
- c) ____ Mazak
- d) ____ Hurco
- e) ____ Other _____

Which products/accessories would you like to see presented during the training? _____

Please indicate what you would like to see as the main focus of the session (use of the G-code software, mechanical use of machine/accessories, etc.)? _____



What is the main application or intended use of the equipment purchased from MicroKinetics? _____

What other types of machines/programs are already in use at your facility that are similar in nature? _____

Please list any other specific goals you have for the training: _____

Factory Training Options are: Group Workshop 2-days or Custom Training 1, 2 or 3 day.

Please indicate the # of days you think would be most appropriate to address your needs. (Depending on the amount of information to be covered, we may recommend a different session length.) _____ # Days

In order to properly prepare for your training and to most effectively schedule travel arrangements, we require that training be confirmed at least 15 days prior to scheduled date. Please select dates accordingly.

Requested dates for training: Preferred Date(s): _____ Alternate Date(s): _____ 2nd alternate(s): _____

What are the name(s)/location(s) of all commercial airport(s) within 100 miles? _____

Submitted by: _____ Position: _____ Date: _____

Signed: _____