

Form for training enquiry

Request by / Offeree:

Company: _____
Location: _____
Name: _____
Department: _____
Street: _____
City: _____
Phone: _____
Mail: _____
Date: _____

Recorded at VMT GmbH by:
Name: _____
Date: _____
Time: _____

Request a quote for the following training:

Training details:

VMT Project no: _____
Plant designation: _____
Number of training participants (max. 6): _____
Number of groups: _____

Who should be trained?

Maintenance
 Plant operator
 OA emolyee
 Other _____

In which language do you train?

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Which system?

- VMT IS Inspection
- VMT IS 3D
- VMT IS 2D
- VMT BK / Toolbox
- VMT VMT BestFit
- Other _____

Type of training?

- Basic training
- Operator training
- Expert training

Where to train?

*) Prerequisite: seminar room

- VMT Mannheim
- Customer ->Where? *

End Customer ->Where?*

Desired training date?

- Normal Working time
- Weekend
- Night

Start time: End:

Confirmation of participation desired? Quantity _____

**Please send your request by FAX to +49 621 / 84250-189
or by e-mail to service@vmt-systems.com.**