

Registration Form

Please complete the following form, sign it and fax it back to the number below.

Company / RBU : _____

Name of participant: _____ Title: _____

Training Courses

Machine type: 2800 2900 3000 Other: _____

Serial Number of System: _____

Name of Training	Date of Training
<input type="checkbox"/> L1 Maintenance Overview MO	_____
<input type="checkbox"/> L2 Process Overview PO	_____
<input type="checkbox"/> L3 Advanced Wafer Handling AWH	<u>Under development</u>
<input type="checkbox"/> L4 Advanced Maintenance AM	_____
<input type="checkbox"/> Other: _____	_____

Location: Dornstadt, Germany
 On-site

NOTE: Mattson Thermal Products does not take responsibility for machine problems or uniformity deviations possibly caused by on-site trainings.

Postal Address: _____

 Phone: _____
 Fax: _____
 eMail: _____

Approving Signature Supervisor _____
 Title _____
 Date _____

**NOTE: All trainings have to be canceled 4 weeks prior start date.
 Otherwise we have to charge for the training !
 Registration forms have to be completely filled in and signed !**

We appreciate your help. If you have any questions, please don't hesitate to contact us.

Filled in by Training Department Dornstadt

Training Credits available: YES NO
 Number of credits available: _____ Purchase Order # : _____
 used: _____
 left: _____
 expired: _____