 **(Please fill in all blanks)**

 **Advantest Training Class Name: \_\_\_\_**

 **Training Class Location: \_\_\_\_ Class Date: \_\_\_\_**

**Note:** *Options to “instructor-led” training formats may exist in nearly equivalent “self-paced” eLearning training formats. Please inquire for details about this training format delivery option.*

**Personal Details:**

|  |  |
| --- | --- |
| **First Name:** |  |
| **Last Name:** |  |
| **Company Name:** |  |
| **Materials Shipping Address:*** **Not required for classes at Advantest facilities**
* **For Company addresses, include “mail-stop”**
 |  |
| **Indicate if above is a “Home” or “Company” address:** |  |
| **Mobile or Office Phone:** |  |
| **Email:** |  |
| **Country of Citizenship:** |  |
| **Applicant’s Manager’s Name:** |  |
| **NOTE: For Non-US Citizens registering for classes conducted at Advantest facilities:** | 1. **Please be prepared to show your Passport or Green Card upon arrival.**
2. **Please confirm your understanding by Electronically initialing in the box to the right.**
 |  |

**Payment Details:**

|  |  |
| --- | --- |
| **Payment will be via a Purchase Order (PO)? (Yes/No)** |  |
| If “yes”, an Advantest Sales Administrator will email you a Training Class Quotation. |
| **Training Class Credits will be used? (Yes/No)** |  |
| If yes, the Advantest Sales Account Manager will confirm that a credit balance can be applied. |