



Neschen Americas Training & Education Inquiry Form

Thank you for your interest in Neschen Americas training and educational services. Please fill out this form and fax or send to:

Jackie Nemphos
E-mail: j.nemphos@neschenamericas.com
Fax: (410) 579- 8970
Neschen Americas, 7091 Troy Hill Drive, Elkridge MD 21075

Date _____

Your Information:

Company Name _____ Neschen Acct. No. _____
 Contact Name _____
 Neschen Sales Representative _____
 Address _____
 Telephone _____ Fax _____
 Email _____
 # Of people attending _____

I am a: Print Service Provider Reseller

Your Training Interests:

What type(s) of training are you interested in:

Current Courses for Resellers:

- Laminators 101
- Media Essentials
- Finishing Essentials
- Grand Format Print Media
- conVerd Presented by Neschen:
Environmentally-Responsible Media Solutions
- INDISPLAY In Depth
- Application Training
- Electro-Mechanical Repair Training
- Other: _____

Current Courses for Print Service Providers:

- INDISPLAY In Depth
- Application Training – Finishing
- Textile Printing & Material Selection
- conVerd Presented by Neschen:
Environmentally-Responsible Media Solutions
- Other: _____

Your Preferences:

For Training purposes, the following days and times work best for me **(Check all that apply)**:

<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

For Neschen office use only

- Data submitted to: _____
- Deposit taken via Credit Card # _____
- Brochure sent