

## 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	<b>Under development</b>
<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: \_\_\_\_\_