mattson
Thermal Products
Plasma Products
Wet Products

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**
❒	**L1 Maintenance Overview**	**MO**	_____
❒	**L2 Process Overview**	**PO**	_____
❒	**L3 Advanced Wafer Handling**	**AWH**	**Under development**
❒	**L4 Advanced Maintenance**	**AM**	_____
❒	**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: _____

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