

PLEASE COPY THIS FORM, COMPLETE, AND SEND TO:

Milton CAT
Attn: Heather Anderson
Training Administrator
Milford, MA
FAX: 508-590-8330
heather_anderson@miltoncat.com



Business Partners (TEPS/AMD/ISD) TRAINING ENROLLMENT FORM

PLEASE PRINT

Dealer Code	Course Title	Course Date & Location
Student's Name	Milton CAT TEPS Manager	
Dealer Name & Address		
Contact Name & Email Address	Contact's Phone & Fax Numbers	
	Phone:	
	FAX:	

NOTE: I have reviewed the course description and agree the enrollee is qualified and adequately prepared to attend this class.

Attention: Confirmations will be by fax or a phone call.
You will be contacted by phone if a class is cancelled.

Manager's Name _____

Manager's
Signature _____

Date _____