



## TRITON TRAINING CLASS REGISTRATION FORM

**Please EMAIL or FAX this form to Triton Training** (details below).  
**Please complete in full (\*). Registration will be returned if received incomplete**

### Company Contact Information:

\*Company: \_\_\_\_\_

\*Contact Name: \_\_\_\_\_

\* Job Description/Title: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* County/Parish: \_\_\_\_\_ \*State/Province: \_\_\_\_\_

\*Postal Code: \_\_\_\_\_ \*County \_\_\_\_\_

\*Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax: \_\_\_\_\_ \*Email: \_\_\_\_\_

Customer PID #: \_\_\_\_\_ (Required in order to receive Technical updates)  
\*P.O. # if prepay \_\_\_\_\_

Payment method:  Credit Card (Visa, MC, or Amex)  
 Invoice Company Account (only if terms with Triton)

Website: \_\_\_\_\_ \* Distributor or Independent? \_\_\_\_\_

### Required Technical/Service Training:

\* If Sub-Distributor with which distributor are you associated? \_\_\_\_\_

\*Are you a VAR? (Value Added Reseller)  Yes /  No \_\_\_\_\_

I am in need of training for the skill level as a Service Technician/Engineer or a Bench Repair Technician. I would like to be trained on the following:

Terminal Types:  8100/9100  9600  RT/FT/RT  FT7000  
(Must check at least one box in each category)

Please indicate your desired or scheduled class dates: \_\_\_\_\_

This page must be completed for each student enrolling

**Student Information:** (if different from Company information)

\* Name: \_\_\_\_\_

\* Job Description/Title: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* County/Parish: \_\_\_\_\_ \*State/Province: \_\_\_\_\_

\*Postal Code: \_\_\_\_\_ \*County \_\_\_\_\_

\*Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax: \_\_\_\_\_ \*Email: \_\_\_\_\_

(Required in order to receive Technical updates)

What area do/will you service? \_\_\_\_\_

**Personal Experience/Background:**

Education: \_\_\_\_\_

Years of service experience: \_\_\_\_\_ Years of ATM experience: \_\_\_\_\_

List all models and vendors that you have serviced: \_\_\_\_\_

List any Triton classes you have attended: \_\_\_\_\_

Are you a TASC Member?  Yes /  No If Yes, TASC # \_\_\_\_\_

In order to better meet your needs and or accommodate you while you are here, please answer the following questions:

Do you have any specific language requirements? \_\_\_\_\_

Please list any *disabilities* or *dietary* needs that may require special attention – **Lunch** will be provided while attending Memphis courses. \_\_\_\_\_

**If you have any questions, please contact our Training Coordinator Shelly Davis at 901.248.6162 or [Shelly.Davis@triton.com](mailto:Shelly.Davis@triton.com)**