## **HAMILT®N**

## Registration form for Service Training

<b>Training Information</b>	n	
TrainingID:		
Date:		
Details of the particip	pant	
Please note: all sections m		
Family name:		Postal Code:
First Name:		City:
Gender:		Country:
Company:		Phone number:
Position in company:		Email address:
Address:		
Additional Information	on in case an invitation lette	er is needed for visa application
Nationality:		Passport No.:
Date of birth:		Date of expiry:
Address of Embassy:		
Participant's level		
Level of knowledge:	Absolute beginner	
	Service experience with following HAMILTON Instruments:	
	Already wrote Assays/Work	flows
Additional requireme	nts	
Food Allergies:		
Additional requirements:		
e-Learning environment. 7	This will allow you to complete an	ne, email address) are used by Hamilton in order to create a personal profile in o online test – for completion of the Service Training and in order to obtain the reeing that Hamilton utilizes your data for this use in particular.
Accommodation		
For information on recommendate: iTechSupport@ha		consult the service training schedule. If you need help with the booking, please
Please Note: Form must b	e signed by hand and sent to HAN	<b>AILTON</b>
Date:		Signature:
Please note: This registra	tion is binding. By signing this reg	istration form you agree to the terms and condition in the Service Training

**Please note**: This registration is binding. By signing this registration form you agree to the terms and condition in the Service Training Program. In case of too few participants or due to other reasons, training dates might be changed or cancelled. In this case, you will be informed as early as possible. HAMILTON does not cover any costs resulting from changed or cancelled training dates.

Email to: <u>itechsupport@hamilton.ch</u>