## **HAMILT®N**

## Registration form for Service Training

<b>Training Information</b>	on	
TrainingID:		
Start date:	End date:	
Details of the partic	ipant	
Please note: all sections	must be completed	
Family name:		Postal code:
First name:		City:
Gender:		Country:
Company:		Phone number:
Position in company:		Email address:
Address:		
Additional Informat	ion in case an invitation letter 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/Workflows	
Additional requirem	ents	
Food Allergies:		
Additional requirements:		
e-Learning environment.	. This will allow you to complete an online	nail address) are used by Hamilton in order to create a personal profile in o e test – for completion of the Service Training and in order to obtain the g that Hamilton utilizes your data for this use in particular.
Accommodation		
For information on recon contact: iTechSupport@h	the state of the s	ult the service training schedule. If you need help with the booking, please
Please Note: Form must	be signed by hand and sent to HAMILTC	NG
Date:		Signature:
Please note: This reaistr	ration is binding. By signing this reaistrat	tion 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>