



Technical Training Registration Form

Please complete this form. Fax to +39 010 2450 883

Questions regarding Technical Training call +39 010 2450 826 / 807

(To be completed by Attendee's Manager – Please print clearly or type information)

Attendee's Name		
Company Name		
Company Mailing Address		
City		
State, Zip Code		
Attendee's Phone Number		Fax Number
Attendee's Email Address		
Class Selection		
Class Name		
Class Date		
First Choice		
Second Choice		
Is the Attendee a direct employee of the Company noted above? (mark yes or no)		
	Yes	No
If not, who is the Attendee's employer?		
Attendee Technical Training Agreement		
<ol style="list-style-type: none"> All information (including but not limited to data, know-how, trade secrets, methods, resources, tools, designs and procedures) provided to the Attendee in connection with the technical training course is the property of Carestream Health, Inc. ("Carestream Health") This information shall remain the property of Carestream and shall only be used by the Attendee in connection with the operation, service, repair or maintenance of Carestream medical imaging equipment. Attendee understands the proprietary nature of the information and agrees to take every reasonable precaution to protect such information from disclosure to third parties. Attendee will not copy or reproduce any material provided to Attendee in connection with the technical training course. In the event that the Attendee severs relationship with the employer noted within this document and/or Carestream, Attendee shall immediately cease using the above described information and such information shall be returned immediately to Carestream. Attendee agrees to indemnify Carestream against any losses incurred by Carestream, including reasonable counsel fees resulting from the breach of any provision of this agreement by Attendee. I have read and understand all of these requirements and responsibilities that accompany any Carestream technical training and agree to the terms and conditions herein. I acknowledge that I have read the technical training course description and meet all of the prerequisites to attend the class. 		
Attendee's Signature _____		
Manager's Signature		Date
Print Name		Manager's Email Address

Carestream Office Use Only:	Quote Number:
	PM Name: