

Shimadzu Medical Systems  
Training Application

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Date: \_\_\_\_\_

Dealer/Company Name: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Contact: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_

Reason/Priority: \_\_\_\_\_

Previous experience of applicant:

Modality \_\_\_\_\_ Brand \_\_\_\_\_ Years \_\_\_\_\_

Modality \_\_\_\_\_ Brand \_\_\_\_\_ Years \_\_\_\_\_

Modality \_\_\_\_\_ Brand \_\_\_\_\_ Years \_\_\_\_\_

Modality \_\_\_\_\_ Brand \_\_\_\_\_ Years \_\_\_\_\_

Modality \_\_\_\_\_ Brand \_\_\_\_\_ Years \_\_\_\_\_

Modality \_\_\_\_\_ Brand \_\_\_\_\_ Years \_\_\_\_\_

Modality \_\_\_\_\_ Brand \_\_\_\_\_ Years \_\_\_\_\_

Desired class(es):

Class Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Tuition included: \$ \_\_\_\_\_
- Deposit included: \$ \_\_\_\_\_
- Non-Compete Agreement included