

# Endoscope Repair Inc.

## FLEXIBLE ENDOSCOPE REPAIR TRAINING ENROLLMENT/ORDER FORM

Facility Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Point of Contact Name: \_\_\_\_\_

Student #1 Name: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_ Fluently: Yes / No

\_\_\_\_\_ Fluently: Yes / No

Student #2 Name: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_ Fluently: Yes / No

\_\_\_\_\_ Fluently: Yes / No

Student #3 Name: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_ Fluently: Yes / No

\_\_\_\_\_ Fluently: Yes / No

### Terms and Conditions:

- All training courses must be paid in full prior to the beginning of training. No exceptions.
- Payment terms are VISA, MasterCard, American Express, Discover, Certified (Cashier's) Check, or Cash
- Students must speak English with at least moderate fluency.
- Tuition does not include any other expenses related to the training.
- Student is responsible for all transportation, lodging, meals, and activities.
- Components/parts required for training will be provided at the training session. All components/parts remain property of Endoscope Repair, Inc. during and at the end of training.

Class Title: \_\_\_\_\_

Price: \$ \_\_\_\_\_ per student x \_\_\_\_\_ student(s) = \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

PLEASE MAIL, FAX, OR E-MAIL THIS FORM TO:  
Endoscope Repair, Inc.  
5757 Blue Lagoon Drive, No. 235  
Miami, FL 33126  
F: 786-623-8965  
E: [repair@endscoperepair.com](mailto:repair@endscoperepair.com)