

Endoscope Repair Services LLC.

FLEXIBLE ENDOSCOPE REPAIR TRAINING ENROLLMENT/ORDER FORM

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: _____ Fax: _____ Email: _____

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 for US students are Visa, Mastercard, American Express, Discover, Cashier's Check or Cash. Wire transfer is required for non-US students.
- 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 the property of Endoscope Repair Services during and at the end of training.

Class Title: _____

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

Signature: _____

Print Name: _____

Date: _____

PLEASE MAIL, FAX OR EMAIL THIS FORM TO:

Endoscope Repair Services
7322 Manatee Ave. W. #265
Bradenton, FL 34209
++ 941 900 2238
repairs@endoscoperepair.com