

AM MACHINERY SALES, INC.

**OPERATOR TRAINING
REGISTRATION FORM**

Company Name: _____

Address: _____

Telephone #: _____ Fax #: _____

E-mail address: _____

Name of Attendee(s): _____

I will be sending/bringing sample parts: Yes No

Authorized by: _____
Signature

Print Name

Return this completed form by fax to:

**AM Machinery Sales, Inc.
(215) 293-0337 to the attention of Tiffany**

For Directions and Hotel Information call (215) 293-0333