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**Registration Form**

Contact Data:

Company: \_\_\_\_\_  
Street: \_\_\_\_\_  
Zipcode, City : \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Select the Training Course:

- Start-up  Operation Training  
 Basic Training Programming  Advanced Training Programming  
 Mechanical Maintenance  Electrical Maintenance  
 Simulation Training PC-ROSET / K-ROSET  
 Special Training Course

Select the Date (Please contact Kawasaki for information about training dates):

KW: \_\_\_\_\_

List of Attendance:

Last Name	First Name	Department

Please send this form by fax or mail!

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**Kawasaki Robotics GmbH**

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E-Mail: [training@kawasakirobot.de](mailto:training@kawasakirobot.de)

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