

**Please indicate training required:**

Level I - End User Operator     Level II - Operator and Maintenance     Level III - Service Level

Date of Request

Name of Organization     Organization Department

Organization Address

City     State/Province     Country

Contact Name     Contact Phone

Contact Email

When would you like the training to be conducted (indicate week)     Number of People Requiring Training

Name of Attendee(s)

Venue for Training    Onsite at organization     Avon Facility

**Please select category of training required and specify the product(s) name within that category:**

APR      SCBA

Powered Air      Escape Device

Payment Method (Please tick one)    Credit Card  (Please do not include credit card details on the form)    Invoice

Upon receipt of your request form, the Avon Protection Training Department will contact you with more information regarding the training, answer any questions you may have and to discuss scheduling and payment details.

Please note: Payment must be received in advance of the class. A minimum class size must be met. Please do not make travel reservations without confirming four weeks in advance of the scheduled date. Training content and material will be provided in English unless otherwise requested.

Once completed, please return this form to: [training@avon-protection.com](mailto:training@avon-protection.com) or fax to the number below

**Thank you and we look forward to serving you.**

**Internal Use Only**

Course     Quote Number

Part Number     Originator & Date

GR12368-05