Application Form

Hitachi Document Solutions Co., Ltd. Training Center

Telephone: +81-70-7499-4307　　　E-mail: omika.training.gf@hitachi.com

HITACHI Information and Control System Training Application

Responsible applicant must fill out inside of bold line of this application form.

Course Name	Period	number of trainees	Training location	Total fees (TAX inc.)
	／　－　／		1. Hitachi　2.On-site	JPY

Responsible Applicant

Company name			
Department			
First Name		Company Address	
Last Name			
TEL（Ext.）		（　　　　　　　　　　　　）	
E-mail			

Trainee 1

Company name		Department	
First Name		Last Name	
Nationality			

Trainee 2

Company name		Department	
First Name		Last Name	
Nationality			

Remarks

Hitachi's Information and Control System Training was entrusted to Hitachi Document Solutions by Hitachi.　If you have any question about training schedule and course available contact to Hitachi Document Solutions.　For applying training, any changing and cancellation of training, contact to Hitachi Document Solutions training center.

〈About our privacy policy〉

■Personal information we collected with application form may use only for the training service purposes, like course administration, confirmation of enrollment and course guide delivery.

■We will not disclose your personal information with a third party without your permission.

■Please check "I agree" below to agree to our privacy policy and submit this application form.

☐　I agree to Hitachi Document Solutions privacy policy.

〈Notification when fill in an application form〉

1. Please check the course period, course available, training location and fees prior to fill in.

2. When number of trainee is exceed 2, please use an additional form in next page.

3. If you have any request or comment about billing, please write in the remarks area.

4. After fill in necessary information, please send this application form by fax or e-mail.

5. Contact us as early as possible for any changing or cancellation of courses.

Hitachi Document Solutions Training Center

For Hitachi office	Dept.	Name:	TEL:

Trainee 3

Company name		Department	
First Name		Last Name	
Nationality			

Trainee 4

Company name		Department	
First Name		Last Name	
Nationality			

Trainee 5

Company name		Department	
First Name		Last Name	
Nationality			

Trainee 6

Company name		Department	
First Name		Last Name	
Nationality			

Trainee 7

Company name		Department	
First Name		Last Name	
Nationality			

Trainee 8

Company name		Department	
First Name		Last Name	
Nationality			