



TRAINING REQUEST FORM

Please take a moment to complete the Training Request Form.

Date of Request: ____ / ____ / _____

Primary Contact Person

First and Last Name: _____

Job Title: _____

Company Name: _____

E-mail: _____

Work Phone: () _____ - _____

Which training service are you interested in? (For more information please visit our [website](#))

Please check all that apply:

- A. Training Program
- B. Alternative to a scheduled course i.e. Onsite, Webcast
- C. Customized Program or Course
- D. Training Needs Assessment

If you checked A, B or C above, please indicate the delivery method you are interested in:

Please check all that apply:

- Multi Company – Classroom
- Multi Company – Webcast
- Single Company – Classroom
- Single Company – Webcast
- Hosted – Classroom

For Multi-Company delivery, your request will be held in a database and you will be notified once sufficient interest is obtained.

Multi Company: Students from different companies attend training at one of our North America training locations or connect online via live webcast	Single Company: Training provided for students at one company location or online via a live webcast delivery	Hosted: A single company (host) provides the training location, catering and allows students from other companies to attend. In return the host receives financial discounts
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Please enter the Program or Course title/s you are interested in below (see the [website](#) for titles)

If you checked option C above and want Single Company delivery, how would you like this training to be customized? Please provide specific details below:

If you checked option D above, please answer the questions below:

1. Which departments would you like to be surveyed (i.e. planning, operations etc)? _____
2. Approximately how many employees would you like to be surveyed? _____

Please answer the following general questions that apply:

1. Where would you like this training to be delivered? Please specify the City, State, and Country:

2. What is the preferred timeframe for delivery of this training/service? _____ (e.g., "in 8-10 weeks time" or "summer 20**")
3. How many students would like to attend this training? _____
4. Please describe the need for this training course/service and how it will benefit your company and participating students: _____
5. How did you hear about The Power Academy? _____
6. Please let us know of additional comments, concerns, or questions in the space below:

Thank you for your interest in the Siemens Power Academy

The Power Academy team will answer your request within 5 days.

Please email your completed training course request form to: power-academy.us@siemens.com and save a copy for your records