



STUDENT REGISTRATION FORM

Student Name: _____ Position: _____

Company: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

Years In Industry: _____

CAM Programming Experience: _____

Mastercam Experience (Which Version): _____

CNC Machine Operation Experience: _____

Other CNC Controls Used: _____

Purchase Order Number: _____

Note: _____
