



<b>Training Reservation Request</b>		
I wish to reserve space in the following VyairE Operator and/or Biomedical Training Course:		
Course Name:		
Course Dates:		
Name of Your Institution:		
Street Address:		
City:	State:	Zip Code:
<b>Please list below the name(s) of those requesting to attend</b>		
Name:		
Title:		
Department:		
Phone Number:		
Alt. Phone Number:		
Email:		
<b>Second attendee</b>		
Name:		
Title:		
Department:		
Phone Number:		
Alt. Phone Number:		
Email:		
<b>Comments:</b>		
Dietary Requirements:		
Sales Order Number:		
Institution Purchase Order Number:		
Date:	Signature:	
Please return to training department no later than 3 weeks prior to your requested course. Requests received after the cutoff period will be reviewed prior to approval. Please email to <a href="mailto:heather.montoya@vyaire.com">heather.montoya@vyaire.com</a>		
VyairE reserves the right to cancel any course three (3) weeks in advance due to insufficient registration. Cancellations by students must be received three (3) weeks prior to the scheduled class date in order to obtain a credit for the course. Penalties may be applied if cancellation is received with less than a three (3) week notice.		
Please wait to receive confirmation of your course registration before making any travel arrangements.		