

IN-HOUSE REQUEST

Fax this form to: +1.407.380.5588 or

Mail to: 13501 Ingenuity Drive, Suite 128, Orlando, FL 32826

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Types of lasers used (select all that apply):

- CO₂ Nd:YAG Fiber Ho:YAG
 Other _____

Applications with your laser(s) (select all that apply):

- Cutting Welding Drilling
 Communications Marking Alignment
 Medical (please specify) _____
 Other _____

I would like more information on the following program(s) (select all that apply):

- Laser Safety Officer Medical Laser Safety Officer
 Laser Safety Awareness Medical Hands-on Skills Validation
 Medical Laser Safety Awareness

Estimated number of people to train: _____

Thank you for your request.

Your customized quotation will be sent by email to the address listed above.