

Training Request



So that we can provide you with quality, targeted and relevant training, please complete the following form with all details currently known.

Contact Details

| | |
|--|--|
| Customer Business Name: | |
| Main contact: <i>Name /email / contact number</i> | |
| Secondary contact: <i>Name /email / contact number</i> | |

Type of Training

Please check which option is required.



On-Site Training

(Chargeable – please enquire)

Minimum requirements:

Equipment to train on (to be discussed) / large screen for presentation.

Suitable room/s are to be booked by the customer requesting training.



Training at UK or US Offices

UK – Upper Beeding / US – Orlando

(Free of charge)

Depending on location, max attendance numbers per session will vary.



Remote Online Training

(Free of charge)

Presentation / demonstration based only. Normally using MS Teams.

Training Requirements

| | |
|---|--|
| Preferred Dates: (Subject to availability) | |
| Training Location required: (If applicable) | |
| Number of Attendees: | |

| | |
|---|--|
| Training Content: Which 7thSense products do you want receive training on? Delta / Juggler etc. | |
| Project Specific? If the training is related to a specific project using 7thSense products, please add details. | |
| User Type: Do the attendees have prior experience and/or knowledge of our products? | |

List of Attendees

If known, please provide attendee details:

| Name | Email |
|------|-------|
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Additional Comments and Information

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When complete, please return this form to the following address:

george.solti@7thsense.one