



KPS Learning Academy Registration

KOHLER CO., Kohler, Wisconsin 53044, Telephone 920-457-4441, Fax 920-459-1646

To submit this form:

1. Complete the open lines on this form.
2. When you are done, go to File and choose Save a Copy, save as KPS Learning Academy Registration-Your Name-Date (Ex. Student Enrollment Form-John Smith-1.28.13)
3. Send the saved copy of the Form as an attachment via e-mail to kpslearningacademy@kohler.com.

STUDENT INFORMATION

Date:		
First Name*	Middle Initial	Last Name*
Company Name*		
Business Address*		
City*		
State/Province*	ZIP/Postal Code*	Country*
Telephone Number* ()		
Email Address*		
Region* <input type="checkbox"/> Americas <input type="checkbox"/> China <input type="checkbox"/> EMEA <input type="checkbox"/> India <input type="checkbox"/> Southeast Asia	Function* (Only select one) <input type="radio"/> Installation <input type="radio"/> Installation/Sales <input type="radio"/> Sales <input type="radio"/> Sales/Service <input type="radio"/> Sales/Service/Installation <input type="radio"/> Service <input type="radio"/> Service/Installation	
Market(s) (Select all that apply) <input type="checkbox"/> Industrial <input type="checkbox"/> Marine <input type="checkbox"/> Mobile <input type="checkbox"/> Residential <input type="checkbox"/> Towable	Channel (Only select one) <input type="radio"/> Customer <input type="radio"/> Dealer <input type="radio"/> Direct Dealer <input type="radio"/> Distributor <input type="radio"/> Engineer/Contractor <input type="radio"/> Other	

DISTRIBUTOR INFORMATION

Distributor Name:	
City	
State/Province	ZIP/Postal Code

COURSE INFORMATION

Course Title:
Course Date: