**Honeywell Academy Enrollment Request(s)**

MODULAR TRAINING SOLUTIONS

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For quotation, please select up to 10 courses per request by using the drop-down list of courses below.

|  |  |
| --- | --- |
| 1 Select Course  | 6. Select Course |
| 2. Select Course | 7. Select Course |
| 3. Select Course | 8. Select Course |
| 4. Select Course | 9. Select Course |
| 5. Select Course | 10. Select Course |

Please provide the mandatory information, so we may process your course enrollment request:

* Company Name:
* Company Address:
* Company City:
* Company Country:
* Company Phone Number:
* Student’s Last Name, First Name and Middle Initial:
* Student’s Company Email Address:
* Student’s Site Address (if different from Company Address):
* Student’s Daytime Phone Number:
* Student’s Country of Citizenship:
* Requested Start Date:
* Payment Method for Requested Training Course(s):

Please save as an attachment and send email to:

1. For Americas-Canada-Latin America: HPSTrainingUSCANLAR@Honeywell.com
2. For Europe-Middle East-Africa: HPS-Training-EMEA@honeywell.com
3. For Asia Pacific: HPS-Training-India@honeywell.com

Once your enrollment has been processed, you will receive your logon information.

Thank you!