



**McDonalds K3 Technical Training
Class Registration Form**

Service Company: _____

McDonalds Store #: _____ (McDonalds Tech Only)

Contact: _____ email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Class type to be attended: **3 Day K3 Certification** ***1 Day K3 Advanced**

*(Technician must have previously completed the Certification to qualify for Advanced Class)

Class location and date to be attended: _____

Attendees:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Fax confirmation to 336-464-1997 or email to sherrib@carpigiani-usa.com