

## **Training Roster**

Return Roster to AIDT: Fax #: 507-2299

Scan and email to: aidt.forms.inbox@daimler.com

Course Name:	Course ID#:				
	Instructor:				
Instructor: (signature)	Vendor:				
Location:	PR#:	PO#:			
Begin Date:	Start Time: End Time:				
End Date:	Coordinator:				

## INFORMATION YOU PROVIDE MUST BE LEGIBLE, OR YOU WILL <u>NOT</u> RECEIVE CREDIT!

		Badge # Req'd for	DEPT NAME or	PLEASE INITIAL							
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PeopleSoft Initial/Date	PeopleSoft Session #							

