



Date

CUSTOMER INFORMATION

Name: _____

Company Name: _____

Address : _____

Email: _____

Phone(s): _____ Fax: _____

Industry Type _____

Design Products _____

ALIBRE ACCOUNT DETAILS

Alibre Package: Expert Professional PE Trial

Details: _____

User Type: Customer (On Annual Maintenance) Retired (Not on Annual Maintenance)

Details: _____

Previous Software exposure: Yes No

Details: _____

Specific Request
(if any): _____

IMPORTANT INFORMATION

- All filled Alibre Design Basic training application forms should be sent by email to alibre@nccs.com.au or faxed to 0395616705
- Computers/Laptop to be used for the training will not be provided
- We reserve the right to modify, cancel and limit the training.
- We reserve the right to refuse participants for any reason.

Note: Please print this form as a pdf, Visit <http://www.youtube.com/watch?v=285k89NL7UY> for instructions

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