



Transform Training Information Form

PLEASE CHECK AVAILABILITY OF COURSE DATES BEFORE COMPLETING THIS FORM
All public classes are displayed on our website:
http://www.bottomline.com/customer_support/transform_training

PLEASE COMPLETE THIS FORM, INCLUDING THE PRE-COURSE QUESTIONNAIRE AND RETURN TO:
fax: 603.501.4855 or e-mail: slichtenstein@bottomline.com

Please select the course you are registering for:

Transform for Enterprise Users

Company:

City and State:

Student Name:

Student Email:

Student Telephone:

Class Dates:

ERP/Host System Software: (JDEdwards, Oracle, Lawson, etc.).....

Business or Industry: (Manufacturing, Finance, Telecommunications, etc.).....

Pre-Course Questionnaire

Knowledge of the Transform Software within the student's company:

What version of Transform Software are you, or will you be using?

Do you have prior experience with (circle answer): Create!form, FormScape, Optio DesignStudio, OptioDCS?

Which applications or Third Party software will be required to interact with the Transform software?
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Are you familiar with the format of the data streams that are or will be passed from your host system? What format are these files (ASCII, PDF, XML, CSV, etc.)
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Knowledge of the Transform and Windows Environment

How long have you been working with a Windows Operating System? Months / Years

Do you understand the 'Drag and Drop' methodology? Yes / No

Can you work with Files and Folders? Yes / No

How long have you been working with Transform software? Months / Years

Have you previously attended a Transform Education class? Yes / No

If yes, which one?.....