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
☐ Advanced Transform for Developers

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?

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.)

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?.................................................................................................................................