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?

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