

205 E. First St., Ste. 202

Dayton, OH 45402

(937) 949-4000 • (937) 949-4007 fax

SKnoll@DaytonRMA.org • [www.DaytonRMA.org](http://www.DaytonRMA.org)

**DRMA Lean Manufacturing Series Registration Form**

Please complete and return this form with payment to confirm your registration for the DRMA Lean Manufacturing Series, presented by the Workforce Division of Sinclair College. A certificate will be provided with completion at the end of each session.

**Course Options**

Session #1 – Lean Overview and Workplace Organization – Thursday, February 22

Session #2 – Visual Workplace/Standardized Work – Thursday, April 11

Session #3 – Value Stream Mapping – Thursday, June 20

Session #4 – Set-Up Reduction – Thursday, August 22

Session #5 – Total Preventative Maintenance (TPM) – Thursday, October 17

**Time:** 8:00 – 11:30 a.m.

**Location:** All courses will be held at the Sinclair’s Centerville Campus (5800 Clyo Rd., Centerville, OH 45459).

**Cost:** $175 per course, per person. All courses include a continental breakfast and individualized support from the instructor on an improvement project selected by each participating company. Notice of cancellation must be received by end of day on the Thursday prior to the class in order to receive a refund.

**Registrant Information**

|  |  |
| --- | --- |
| **Company:**       | **Course Selections** |
| **Name** | **Title** | **Email** | **#1** | **#2** | **#3** | **#4** | **#5** |
|       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Payment Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of Participants: |       | X Number of Courses: |       | X $175 = | **TOTAL** = $      |

|  |  |
| --- | --- |
| [ ] Check (make payable to DRMA) | [ ] Credit card (all major cards accepted) |
|  |
| **Card #:** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **Exp. Date:** |       | **CVV Code:** |       | **Billing Zip Code:** |       |
|  |   |

**Return this form with payment to the DRMA office.**