

Participant Information form

Dear Participant,

Thank you for your interest in IDTA Academy.

Please fill out the following form:

Name	
Company	
Background	
Position	
Do you have any prior knowledge of AAS?	
What kind of product / services are you concerned with?	
Preferred language for the training	
What are your expectations regarding the training?	
Would you like to learn more about a specific area or subject?	
How did you hear about this training?	

Signature
