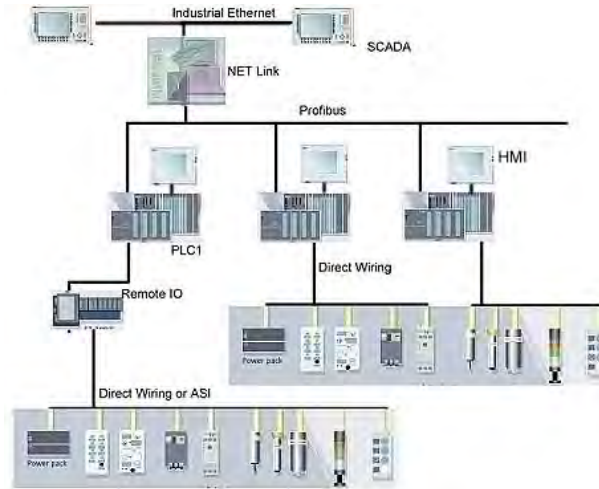


Northeastern Technical College's Division of Continuing Education Presents:

PLC Training

Classes offered where you work.



<i>Allen-Bradley PLC/SLC Fundamentals</i>	<i>2 days</i>
<i>Allen-Bradley PLC/SLC Programming</i>	<i>4 days</i>
<i>Allen-Bradley PLC/SLC Maintenance & Troubleshooting</i>	<i>4 days</i>
<i>Allen-Bradley Logix5000 Fundamentals</i>	<i>2 days</i>
<i>Allen-Bradley Logix5000 Programming</i>	<i>2 days</i>
<i>Allen-Bradley Logix5000 Maintenance & Troubleshooting</i>	<i>4 days</i>
<i>Allen-Bradley AC Drives Configuration and Start-Up</i>	<i>1 day</i>
<i>Allen-Bradley Maintenance and Troubleshooting</i>	<i>1 day</i>
<i>Siemens PLC Fundamentals</i>	<i>2 days</i>
<i>Siemens PLC Programming</i>	<i>4 days</i>

Courses are taught on industrial sites using a mobile training lab.

Northeastern Technical College has partnered with the South Carolina technical colleges in the upstate to provide this industrial training opportunity. Cost varies but tuition is a flat fee for any industries who would like to train several employees. Private individuals wishing to enhance their employment skills are also welcome to take any PLC course provided by the college.

*For more information
call NETC at 921-6924*



Division of Continuing Education
 Northeastern Technical College
 1201 Chesterfield Highway
 P.O. Drawer 1007
 Cheraw, SC 29520
 3420

**NORTHEASTERN TECHNICAL COLLEGE
 CONTINUING EDUCATION**
 P.O. Drawer 1007
 Cheraw, South Carolina 29520

CF10080052

Location: NETC

- Night
- Day
- Saturday

Social Security Number

PLC Training

Name of Course or Seminar

Last Name

First Name

Maiden

MI

Mailing Address

City

County

State

Zip

Home Telephone: _____ Work Telephone: _____ Birthdate (MM/DD)YY: ____ / ____ / ____

E-mail: _____ Cell Phone: _____

CHECK ONE:

Sex:	M
	F

Race:	1. Non-Resident Alien	3. American/Alaskan Indian	5. Hispanic	7. Unknown
	2. Black/African American	4. Asian/Pacific Island	6. White/Non-Hispanic	

Date: _____ Student Signature _____ Classes Begin _____

Company Billing: _____ or Credit Card Name: _____

<input type="checkbox"/> Tuition
<input type="checkbox"/> Books
<input type="checkbox"/> Other (please specify)

Credit Card Number: _____ Expiration Date: _____

Authorizing Signature for Billing Purposes: _____ Visa Mastercard

Office Use Only Below Dotted Line

Course Title: _____ Prefix/Number/Section: _____ / _____ / _____

Term: 20 <u>08</u> 1. <u>Fall</u>	3. Summer
<u>FAC</u> Spring	

Tuition \$ _____	Books \$ _____	Category: 06200 <input checked="" type="checkbox"/> 06500 <input type="checkbox"/>
Other \$ _____	Assessed by _____	07200 <input type="checkbox"/> 08200 <input type="checkbox"/>

Paid by: Card _____ Cash _____
Check _____ Chg Co _____

Amount Received \$ _____	Received by _____
Balance \$ _____	(Business Office Initial)