



# 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](http://www.bottomline.com/customer_support/transform_training)

PLEASE COMPLETE THIS FORM, INCLUDING THE PRE-COURSE QUESTIONNAIRE AND RETURN TO:  
e-mail: [kcaprio@bottomline.com](mailto:kcaprio@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): Creatiform, 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?.....