



Return Roster to AIDT: Fax #: 507-2299

Scan and email to: aidt.forms.inbox@daimler.com

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|-------------------------|--------------|-----------|
| Course Name: | Course ID#: | |
| Instructor: (SIGNATURE) | Instructor: | |
| | Vendor: | |
| Location: | PR#: | PO#: |
| Begin Date: | Start Time: | End Time: |
| End Date: | Coordinator: | |

INFORMATION YOU PROVIDE MUST BE LEGIBLE, OR YOU WILL NOT RECEIVE CREDIT!

| | PRINT LEGAL NAME | SIGNATURE | Badge # Req'd for credit | DEPT NAME or COMPANY (if outside of MBUSI) | PLEASE INITIAL | | | | | | | COMMENTS |
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| AIDT Use Only | |
|-------------------------|----------------------|
| PeopleSoft Initial/Date | PeopleSoft Session # |
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