



**Contact details**

Full name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Tell us more about you**

Private individual.  Dealer/Shop.

Do you ride? Yes  No

Street  Dirt  MTB  Racer

Tell us more: \_\_\_\_\_

**Previous suspension classes?**

Yes  No

Where: \_\_\_\_\_ When: \_\_\_\_\_

What are you expecting / looking for, in our Suspension Class?

\_\_\_\_\_  
\_\_\_\_\_

Interested in becoming an Andreani USA Partner

Yes  No

With the following form I want to express my interest in your suspension class and authorize Andreani USA to store my details for future communications related to the Seminars

\_\_\_\_\_  
Signature