University of INDUSTRIAL DISTRIBUTION

Transfer Form

Office Use Only
Transfer from_____

Transfer to_____

Registrant Information:

*Name_____ *Nickname_____

*Person I'm replacing_____

*Company_____

Contact Information:

☐ Same Address as transferee ☐ Different Address (input info below)

Address_____ City/State_____ Zip_____

Phone_____ Fax _____ *Email_____

Statistical Data:

***HAVE YOU ATTENDED A PRIOR UID PROGRAM?** Yes No

TITLE: Circle the **one** that most approximates your responsibilities:
Sales/Sales Management Executive Management Finance Marketing
Operations/Administration Manufacturer's District Manager All of the Above Other

AGE: Circle what age range you fall under
Under 30 30-40 40-50 50+

LENGTH OF INDUSTRY SERVICE:
Less than 5 years 5-10 years 10-15 years 15-20 years 20+ years

Class Information:

☐ I would like to keep the same classes ☐ I would like to make changes to my classes

***If you are making changes please refer to the registration form and write the class number next to the appropriate day. Please check with us to see what classes are available.**

Sunday _____ Monday _____

Tuesday _____ Wednesday _____

Please scan or fax back to Vincent Moulden at the UID Office
Phone: 410-940-6348 Fax: 410.263.1659 Email: vmoulden@univid.org