



Total Quality Solutions, Inc.
Form SOP-7.0-01-B
Rev. 2/03

Training Quotation Questionnaire

Please answer the questions below to the best of your ability and **fax it to (815) 477-2874** or **email it to tqsinfo@tqsconsulting.com**. We will then be able to prepare a quotation for training and/or consulting services that reflects the unique needs of your organization.

Your Name	
Company Name	
Mailing Address	
Telephone	
Fax	
Email Address	
Topics you are interested in implementing <i>(Check one or more)</i>	<input type="checkbox"/> Internal Auditor Training <input type="checkbox"/> Lean Manufacturing Overview <input type="checkbox"/> Kaizen <input type="checkbox"/> Poka-Yoke <input type="checkbox"/> Rapid Changeover (SMED) <input type="checkbox"/> Value Stream Analysis <input type="checkbox"/> Total Productive Maintenance (TPM) <input type="checkbox"/> Implementing JIT/Kanban
Number of employees to be trained	
Number of Operating Shifts	1 2 3
Description of the products and/or services provided by your organization	