



NDT Inspection Seminar Registration Form

OBJECTIVE: This program is designed to provide the minimum classroom hours required for a high school graduate (or equivalent) to meet Level I and/or Level II qualifications in the chosen method in accordance with ASNT SNT-TC-1A. The course will include both written and practical examinations.

Time: 8:00 am - 4:30 pm (Includes a 30 minute lunch break)

Location: 1144 N. Graham Street, Allentown, PA 18109
For directions, visit our website at www.wtti.edu

IMPORTANT

Registration must be received two weeks prior to the training. To register, fill out the form below and return with FULL PAYMENT by check (mail form to WTTI) or by credit card (fax form to WTTI). Please make check payable to: Welder Training & Testing Institute, and send to: 1144 N. Graham Street, Allentown, PA 18109

Cancellations: WTTI reserves the right to cancel up until one week prior to the first day of the course. In the event that a course is cancelled by WTTI due to insufficient enrollment, we will issue a full refund. If the Registrant wishes to cancel, a cancellation notice must be received no later than two weeks prior to the course for a full refund. 75% of the course fee will be refunded to Registrants who cancel beyond the deadline. Registrants who do not cancel and do not attend the course will not receive a refund.

Your Name: _____ Title: _____ Your e-mail: _____ Company: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: (____) _____ Fax: (____) _____ Payment by: <input type="checkbox"/> Company Check <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> AMEX Credit Card #: _____ Exp. Date: ____/____ Amount: \$ _____ 3-Digit code on back of card or 4-Digit on front of AMEX: _____ Name on Card: _____ Billing Address: _____ City: _____ State: _____ Zip Code: _____ Cardholder Telephone: (____) _____ Email: _____ Signature: _____ Date: _____ <p><i>The signature above verifies acceptance of billing/cancellation terms and allows the use of the provided credit card information for payment in the amount indicated for this seminar.</i></p>	Choose a Program Option: <input type="checkbox"/> PT \$495 <input type="checkbox"/> MT \$675 <input type="checkbox"/> PT & MT \$1025 (Save \$145) <input type="checkbox"/> RT Level I \$1025 <input type="checkbox"/> RT Level II \$1025 <input type="checkbox"/> UT Level I \$1025 <input type="checkbox"/> UT Level II \$1025 Course Date: ____/____/____ *Prices include the cost of the textbook.
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For Administrative Use Only

Date Payment was Received: _____
 Payment Type/Check No.: _____
 Amount Received: _____