

WTTI

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WELDER TRAINING AND TESTING INSTITUTE

1144 N. GRAHAM ST. • ALLENTOWN, PA 18109 • TEL 610-820-9551 • FAX 610-820-0271

Advanced NDT Certification Workshop Registration Form

OBJECTIVE: This workshop and certification comply with D1.1, Paragraph 6.21 and Annex Q.

WORKSHOP OPTIONS	COST	REQUIRED MATERIALS*
Ultrasonic Testing D1.1 (Clause 6, Part F) and D1.5 (Clause 6, Part C)	\$1200	AWS D1.1-2015, UT Instrument, AWS Transducer, IIW Calibration Block, DS Block, and RC Block
Ultrasonic Testing D1.1 Annex Q	\$1200	AWS D1.1-2015, UT Instrument, AWS Transducer, IIW Calibration Block, DS Block, and RC Block

TIME: 8:00 am - 4:30 pm

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

***All required materials are available for purchase through WTTI. Ask for information.**

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 workshop. In the event that a workshop 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 workshop for a full refund. 75% of the workshop fee will be refunded to Registrants who cancel beyond the deadline. Registrants who do not cancel and do not attend the workshop will not receive a refund.

<p>Your Name: _____ Title: _____ Your e-mail: _____ Company: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: (____) _____ Fax: (____) _____ Payment by: <input type="checkbox"/> Check enclosed <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> <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>	<p>Choose a Workshop Option:</p> <p><input type="checkbox"/> Ultrasonic Testing D1.1 (Clause 6, Part F) and D1.5 (Clause 6, Part C) \$1200</p> <p><input type="checkbox"/> Ultrasonic Testing D1.1 Annex Q \$1200</p> <p>Course Date: ____/____/____</p> <hr/> <p>Books Ordered:</p> <p><input type="checkbox"/> D1.1 \$416</p>
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<i>For Administrative Use Only</i>
Date Payment was Received: _____
Payment Type/Check No.: _____
Amount Received: _____