

WTTI

WWW.WTTI.COM



WELDER TRAINING AND TESTING INSTITUTE

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

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 (email the form to: mary@wtti.com). 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.

Beginning 01/01/25, invoices paid by credit card that are equal to or over \$1,000, will incur a 2.5% processing fee.

Your Name: _____

Title: _____

Your e-mail: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Fax: (____) _____

Payment by: Company Check Master Card Visa 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: _____

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.

Choose a Program Option:

- PT \$650
- MT \$825
- PT & MT \$1350 (Save \$125)
- RT Level I \$1200
- RT Level II \$1200
- UT Level I \$1200
- UT Level II \$1200

Course Date: ____/____/____

*Prices include the cost of the textbook.

For Administrative Use Only

Date Payment was Received: _____

Payment Type/Check No.: _____

Amount Received: _____