



## 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 webstie at [www.wtti.edu](http://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

*WTTI reserves the right to cancel the course at any time. In the event that a course is cancelled by WTTI, the Registrant has the option of a full refund or transfer to the next available course at no additional cost.*

*•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 of the course fee. 75% of the course fee will be refunded to Registrants who cancel beyond the deadline.*

*•Registrants may reschedule one time to the next available course for a \$75 processing fee. Rescheduling notice must be received by WTTI no later than two weeks prior to the currently registered course. Registrants who do not cancel and do not attend the course 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 Program Option:</p> <p><input type="checkbox"/> PT                    \$495</p> <p><input type="checkbox"/> MT                    \$675</p> <p><input type="checkbox"/> PT &amp; MT            \$1025 (Save \$145)</p> <p><input type="checkbox"/> RT Level I        \$1025</p> <p><input type="checkbox"/> RT Level II       \$1025</p> <p><input type="checkbox"/> UT Level I        \$1025</p> <p><input type="checkbox"/> UT Level II       \$1025</p> <p><input type="checkbox"/> UT A-Scan        \$725</p> <p>Start Date: ____/____/____</p> <p><i>*Prices include the cost of the textbook.</i></p>
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<p><i>For Administrative Use Only</i></p> <p>Date Payment was Received: _____</p> <p>Payment Type/Check No.: _____</p> <p>Amount Received: _____</p>
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