



Inspection & Testing Services, Inc.
1601 Lower Rd, Linden, NJ 07036 Tel: 9(08) 862-4800 Fax: (908) 862-4825



American Welding Society

Sustaining Company Member

NDT/ CWI TRAINING COURSE ENROLLMENT FORM

PLEASE PRINT

Submit completed form and payment to our office for course registration

NAME: _____

COMPANY NAME: _____

ADDRESS 1: _____

ADDRESS 2: _____

MAIL CODE, DEPT/BLDG: _____

CITY: _____

STATE / PROVINCE: _____

ZIP / POSTAL CODE: _____

COUNTRY: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

COURSE DATES: _____

COURSE LOCATION: _____

COURSE FEE PAYMENT - CREDIT CARD PREFERRED

Method of Payment: Bill My Credit Card: _____ My Company Check Is Enclosed: _____

Amount of Payment (in US \$): _____

Type of Card: MasterCard: _____ Visa: _____ American Express: _____

Card Number: _____

Name on card: _____

Card Expiration Date: _____