

Please complete and fax, mail or email form to TEST NDT

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Web-site: www. testndt.com

NDT COURSE ENROLLMENT FORM

	Cours	e(s) req	uirea									
2.												
3.	Name	of atten	idee(s)									
4.	Comp	Company name `										
5.	5. Address											
6.	6. City, ST Zip											
8.	8. Fax #											
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Cancellations must be made five (5) working days before scheduled course to incur no penalty or 50% of the course fee will be imposed as a cancellation fee.

Please note: to bring a scientific calculator with you if possible as you will need one for most of the courses.

TEST NDT does not have any pre-requisites for attending any of our courses, it is entirely up to the attendee to determine whether the course is suitable for their needs and whether they are capable of achieving the standards. Please study the applicable course outline and decide if the course is suitable for your needs before enrolling, if in doubt, please contact us to discuss. For employer funded attendees, please discuss the suitability of any of the courses with your employers responsible NDT level 3 before enrolling.

Thank you for choosing TEST NDT for your training requirements.