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| CWI / CAWI / CWE APPLICATION FORM |

**Last Name First Name MI**

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| 1. **Indicate the seminar location** |

1st Site Code: \_\_\_\_\_\_\_\_\_\_\_\_ Seminar Date: \_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Submission Deadline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Site Code: \_\_\_\_\_\_\_\_\_\_\_\_ Seminar Date: \_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Submission Deadline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd Site Code: \_\_\_\_\_\_\_\_\_\_\_\_ Seminar Date: \_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Submission Deadline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Note: If the first choice is not available, registration will indicate the next available choice site.** |

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| 1. **Indicate the following seminar** | 1. **Payment Information** | |
| CWI/CAWI API 1104 Seminar – Part A, B, & C 1, 4, 7  CWE Seminar – Part A & B 4, 5  Part A Welding Inspection Technology Workshop 3, 4, 6  Part B Visual Inspection Workshop 3, 4, 6  Part C API 1104 Code Workshop 3, 4, 6  40 Hour Retraining 2, 4 | • Registration must be received two weeks prior to seminar.  • To register for the training course, fill out the form below and return with FULL PAYMENT which can be mailed or e-mailed.  • If paying by check make payable to**: iNet-Sense** and mail to:  **iNet-Sense, 3801 Yorkshire St. Farmington, NM 87402** or e-mail completed form to: [Registration@inet-sense.com](mailto:Registration@inet-sense.com?subject=Register) | |
| 1. **Cancellation Policy** | | |
| • Fee of $200 will be withheld from full payment if cancellation is made 13 days prior to instruction date.  • Fee of $500 will be withheld from full payment if “no-shows” occurs.  • Refund will be placed back on credit card if paid with a credit card.  • Cash is not available at site for refund.  • iNet-Sense reserves the right to cancel the course at any time and provide a full refund or reschedule according to your preference  • Based on the number of registrants, seminar may be canceled if we do not get enough participants in a location  • Cancellation and ‘no-shows” will not be issued manuals and study guides | | |
| 1. **Method of Payment (For Seminar Fees see information Sheet)** | | |
| First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Payment by:  Check enclosed  MasterCard  Visa  AMEX  Discover  Credit Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_ CVV: \_\_\_\_\_\_\_\_  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.** | | *For Administrative Use Only*  Date Received:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type Payment:  Check #: \_\_\_\_\_\_\_\_\_\_  MasterCard  Visa  AMEX  Discover  Date Processed:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount $:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |