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| CWI / CAWI / CWE APPLICATION FORM |

**Last Name First Name MI**

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| 1. **Indicate the seminar location**
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 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**
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| [ ]  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 |
| 1. **Cancellation Policy**
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| • 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)**
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| First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Your Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Payment by: [ ]  Check enclosed [ ]  MasterCard [ ]  Visa [ ]  AMEX [ ]  DiscoverCredit 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[ ]  DiscoverDate Processed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount $:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |