

COURSE REGISTRATION FORM

PLEASE PRINT CLEARLY

Submit completed form with payment to Hellier at the mail location or fax number indicated at the bottom of this form.

NAME: _____

COMPANY NAME: _____

ADDRESS 1: _____

ADDRESS 2: _____

MAIL CODE, DEPT/BLDG: _____

CITY: _____

STATE / PROVINCE: _____

ZIP / POST CODE: _____

COUNTRY: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

COURSE NAME: _____

COURSE START DATE: _____

COURSE LOCATION: _____

Administration Use Only – Code 517

COURSE FEE PAYMENT

Mode of Payment: My Check Is Enclosed Bill My Credit Card

Amount of Payment (in US \$): _____

Type of Card (if by credit card): MasterCard Visa American Express

Card Number: _____

Name on card: _____

Card Expiration Date: _____ (mmyy) Card billing ZIP or Post Code: _____

Hellier Northeast
1 Spar Yard Street
New London, CT 06320
Tel. 860-437-1003
Fax. 860-437-1014
InfoNewLondon@HellierNDT.com

Hellier South Central
16631 West Hardy Street
Houston, TX 77060-6239
Tel. 281-873-0980
Fax. 281-873-0981
InfoHouston@HellierNDT.com

Hellier Pacific
2051-8 East Cerritos Ave., Ste A
Anaheim, CA 92806
Tel. 714-956-2274
Fax. 714-956-2277
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