

# REGISTRATION FORM



Send mail to:

Residence

Company

Registrant: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Date: \_\_\_\_\_

Please make  Mastercard Account Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
payment by:  VISA  
 American Express Signature: \_\_\_\_\_ Total amount \$ \_\_\_\_\_  
 Money order  
 Company P.O. # \_\_\_\_\_ or make cheques payable to "Canadian Institute for NDE"

( ) I have met the entrance prerequisite(s) for the course(s), and a copy of my course diploma (or certificate) is enclosed.

( ) I am aware of the cancellation policy.

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_ Department: \_\_\_\_\_

Your Position: \_\_\_\_\_ Supervisor/Dept. Manager: \_\_\_\_\_

Company Phone: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Industry Type: Aero Nuclear Service Supplier Mining Metals Pulp & Paper Chemical & Petrochemical Research Other



Email address: \_\_\_\_\_ CINDE Member: Yes  Membership #: \_\_\_\_\_ No

Background Level of Education:  last high school grade completed - Grade \_\_\_\_\_  
 college (main subject/program) \_\_\_\_\_  
 university (main subject/program) \_\_\_\_\_  
 other: \_\_\_\_\_

Certification held (if any): \_\_\_\_\_

How did you learn about this course?  Employer/co-worker  Previous student  Canadian Institute for NDE  
 CINDE Journal  Trade show  Industry involvement  
 Service inspection company  Friends/relatives  Mohawk College brochure  
 Webpage

Reason for taking the course:  CGSB certification  General knowledge  Refresher/upgrade  
 Employer stipulation  Improve employability  Sales  
 Other: \_\_\_\_\_

In your present employment situation, what percentage of your time is spent using this NDT method? \_\_\_\_\_%

❖ Thank you for taking the time to complete the above information. ❖

