



Radiation Safety Associates, Inc.

COURSE REGISTRATION FORM

Thank you for your interest in the training courses we offer. Please complete the form below and submit it to us to register for your course. Registrations submitted without all requested information will be returned for the missing information prior to processing. Mail or fax this form to:

Radiation Safety Associates, Inc.
19 Pendleton Drive, PO Box 107 • Hebron, CT 06248
VOICE: 860.228.0487 • FAX: 860.228.4402 • EMAIL: info@radpro.com

Please provide the information below (denotes required field):*

NAME* _____
COMPANY _____
TITLE _____
ADDRESS* _____
ADDRESS (secondary) _____
CITY* _____ STATE* _____ ZIP* _____
COUNTRY _____

This is a: HOME ADDRESS WORK ADDRESS

CONTACT INFO* (in case we need to reach you about your registration)

WORK PHONE _____
FAX _____
E-MAIL ADDRESS _____

Which course(s) and dates do you wish to attend? *

Radiation Safety Officer (Fee: \$1,395)

- September 8-12, 2008
- November 3-11, 2008
- March 2-6, 2009
- April 13-17, 2009
- June 1-5, 2009
- September 14-18, 2009
- November 2-6, 2009

DOT Radioactive Shipper (Fee: \$345)

- March 10, 2008
- April 21, 2008
- May 12, 2008
- June 9, 2008
- September 15, 2008
- October 9, 2008
- November 10, 2008

Practical Instrumentations & Methods

(Fee: \$895)

- October 27-29, 2008
- May 13-15, 2009
- October 26-28, 2009

Health Physics Technician Level I, Basic

(Fee: \$1,395)

- October 20-24, 2008
- May 4-8, 2009
- October 19-23, 2009

Respiratory Protection at Nuclear Facilities

(Fee: \$895)

- October 6-8, 2008
- May 18-20, 2009
- October 5-7, 2009

Health Physics Technician Level II, Advanced

(Fee: \$1,395)

- March 30-April 3, 2008

How will you pay for your registration(s)**?

- Check enclosed (if mailing)
- Check will be mailed (if faxing)
- Bill me** against a purchase order, PO Number: _____
- Charge to **MasterCard** Account Number _____
Expiration date _____ Security Code _____
- Charge to **Visa** Account Number _____
Expiration date _____ Security Code _____

Name of charge card holder (please print) _____

Billing Address of charge card holder (please print) _____

Signature (if faxing/ mailing form) _____

Total Amount Authorized for Charge \$ _____ (determine amount above)

**Connecticut residents must pay state sales tax on course fees.
If a separate billing address is used, please provide the billing address here:

Thank you for registering for training! You will receive a confirmation of this registration 7-10 days before the course starts, along with maps and driving directions. If you do not receive this information, please contact us (phone, fax or e-mail).



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