



# 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)

- October 31 - November 4, 2011
- March 12-16, 2012
- April 9-13, 2012
- June 4-8, 2012
- September 10-14, 2012
- October 29-November 2, 2012

### Health Physics Technician Level I, Basic

(Fee: \$1,395)

- April 23-27, 2012
- October 15-19, 2012

### Health Physics Technician Level II, Advanced

(Fee: \$1,395)

- May 7-11, 2012

### DOT Radioactive Shipper

(Fee: \$345)

- November 7, 2011
- March 19, 2012
- April 16, 2012
- May 14, 2012
- June 11, 2012
- Sept 17, 2012
- October 1, 2012
- November 5, 2012

### Respiratory Protection at Nuclear Facilities

(Fee: \$895)

- May 21-23, 2012
- September 24-26, 2012

**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 my credit card (*circle one*)
  - Visa
  - Mastercard
  - American Express
  - Discover

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 along with maps and driving directions at least one month in advance of your course. If you do not receive this information, please contact us (phone, fax or e-mail).



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