



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)

- November 2-6, 2009
- March 1-5, 2010
- April 12-16, 2010
- June 7-11, 2010
- September 13-17, 2010
- November 2-6, 2010

Health Physics Technician Level I, Basic

(Fee: \$1,395)

- October 19-23, 2009
- May 3-7, 2010
- October 18-22, 2010

Health Physics Technician Level II, Advanced

(Fee: \$1,395)

- April 26-30, 2010

Respiratory Protection at Nuclear Facilities

(Fee: \$895)

- October 5-7, 2009
- May 17-19 2010
- October 4-6, 2010

DOT Radioactive Shipper (Fee: \$345)

- October 8, 2009
- November 9, 2009
- March 8, 2010
- April 19, 2010
- May 10, 2010
- June 14, 2010
- September 20, 2010
- October 7, 2010
- November 8, 2010

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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