



**NASAR EDUCATIONAL PROGRAMS
ATTENDEE REGISTRATION
(Please PRINT Legibly)**

INSTRUCTOR/LEAD EVALUATOR NAME: Greenway

Course/Certification TITLE: SARTECH II

Start Date: 11 / 11 / 2009 **End Date:** 11 / 14 / 2009

Course/Certification Site: Cartersville **State:** GA

Name (First): _____ **(M.I.)** _____ **(Last):** _____

Mailing Address: _____

Zip: _____ **City:** _____ **State:** _____ **Country:** _____

Phone (Work) (_____) _____ - _____ (Home) (_____) _____ - _____

Email Address: _____

Are you a NASAR member? (Y/N) _____ **Member #** _____

Affiliation: _____

FEES

NASAR COURSE/CERTIFICATE CHARGE:	\$ 55.00 NASAR/\$70.00 non-NASAR
Non-NASAR FEES: <u>Evaluation Supplies</u>	\$ <u>10.00</u>
(Please specify)	\$ <u>65.00/80.00</u> TOTAL

To comply with the United States Internal Revenue Service regulation governing tax exempt educational organizations we must ask for voluntary "Equal Opportunity" profile information. You may decline to do so. AGE: ____ SEX: ____ ETHNIC ORIGIN (White, Black, Asian, Native American, Hispanic, Other): _____

(Circle appropriately) * INSTRUCTOR/LEAD EVALUATOR USE ONLY*****

Course test score: _____ **Is this a retest? Yes/No**

Certification Written Exam: Pass/Fail **Practical Stations: Pass/Fail**

Station(s) Failed: _____ **Is this a retest? Yes/No**
(must submit Candidate Failure Report)

INSTRUCTOR/LEAD EVALUATOR Signature: _____