



NASAR EDUCATIONAL PROGRAMS ATTENDEE REGISTRATION

(Please PRINT Legibly)

INSTRUCTOR/LEAD EVALUATOR NAME: _____

Course/Certification TITLE: _____

Start Date: ____/____/____ **End Date:** ____/____/____

Course/Certification Site: _____ **State:** _____

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: _____

NASAR COURSE/CERTIFICATE CHARGE:

NASAR Member \$55*** or Non Member \$70 \$ _____

Combined ISAR/SARTECH III or FUNSAR/SARTECH III

NASAR Member \$65*** or Non Member \$80 \$ _____

NASAR One Year Membership Fee: \$54 (\$20 discount!) \$ _____

If NASAR One Year Membership Fee included – pay NASAR Member rate \$ _____ **TOTAL**

*****Must provide proof of Membership, purchase Membership at time of class/exam or pay Non Member rate*****

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: _____