



The American Society for Nondestructive Testing, Inc. (Kuwait Section)

KSASNT REFRESHER COURSE ENROLMENT FORM

Last Date for Receipt of Completed Application Form is 14-Apr-2011.

1. **Course title:** _____

2. **Course date:** _____

3. **ARE YOU A KSASNT MEMBER:** Y / N

IF YES, KSASNT MEMBERSHIP NO:-----

4. **NAME:**

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

5. **OCCUPATION:** EMPLOYED UNEMPLOYED STUDENT

6. **NAME OF EMPLOYER / INSTITUTION:** _____

7. **DESIGNATION:** _____

8. **SPONSOR:** SELF: COMPANY:

9. **ADDRESS FOR COMMUNICATION:**

RESIDENCE #: _____

TELEPHONE / MOBILE NO: _____

E-MAIL: _____

10. NAME & ADDRESS OF SPONSORING COMPANY (for other than self sponsorship):

11. MODE OF PAYMENT:

CASH CHEQUE

12. DETAILS OF CHEQUE, IF ATTACHED:

(Note: Cheque shall be drawn on behalf of **TCB Co.W.L.L. for Management Consultation**)

Cheque No & Date: _____

Bank Name: _____

13. PLEASE SEND APPLICATION WITH YOUR PAYMENT AND THE NECESSARY ENCLOSURES TO:

Kuwait Section of ASNT, C/o TCB Co.W.L.L, Al-Anoodh Complex, Off.No.617/618,
Makkah Street, Fahaheel, P.O.Box: 1294, Salmiya 22013,
Kuwait.

TERMS & CONDITIONS:

KSASNT may accept 50% of course fee at the time of registration (i.e. on or before 14-Apr-2011) and the remaining 50% fee shall be paid prior to start of course.

In the event of cancellation by you, the fee (if applicable) will be returned less a cancellation charge of 50%.

KSASNT reserves the right to cancel the event in case of insufficient registration or illness of lecturers. KASNT will ensure maximum possible notice is given to the attendees and reserves the right to substitute lecturers and modify the course details as required.

SIGNATURE OF THE CANDIDATE: _____

By signing, I _____ understood the terms and conditions and I promise that the information provided is true to the best of my knowledge.

FOR OFFICE USE ONLY

1. **COURSE NAME:** _____

2. **ACTUAL COURSE FEE:** _____

3. **KSASNT MEMBER:** Y / N

4. **COURSE FULL FEE RECEIVED:** Y / N

REMARKS, IF ANY:

5. **FEE RECEIVED MODE:** CASH / CHEQUE

6. **CASH / CHEQUE DETAILS:**

7. **ENROLLED FOR THE COURSE:** Y / N

REMARKS:

8. **ENROLLMENT NUMBER:**

DATE: _____

NAME / DESIGNATION /SIGNATURE OF ISSUING AUTHORITY



The American Society for Nondestructive Testing, Inc. (Kuwait Section)

KSASNT ACKNOWLEDGEMENT FORM

Dear Sir,

We have received your application form along with Cheque /Cash

....., your application for the NDT
Level-III refresher course in _____ is ACCEPTED / REJECTED.

Your Enrollment Number: _____

Course Name: _____

Date: _____

Course Venue: _____

Course Timing: _____

Thanking you for your interest in KSASNT

Yours Faithfully,

(Chairman-KSASNT)