

Fatigue and Damage Tolerance Analysis Institute)

CONTACT INFORMATION

Name (last) _____ Name (first) _____ M.I. _____ Gender: M F

Mailing address _____

City _____ State _____ Zip code _____

Social Security Number* _____ Date of birth _____

(area code) Daytime phone _____ (area code) Evening phone _____ Email address _____

FEES

- Yes, I wish to register as an individual for Fatigue and Damage Tolerance Institute:
- December 7-11, 2009: registration #106474 OR
- January 11-15, 2010: registration #106475

Workshop fee \$1,995

Registration fee \$35

Total fees \$2,030

- Yes, I wish to register for the Group Registration Discount: Groups of 3 or more from the same organization who register at the same time pay a discounted registration fee of \$1,795 plus \$35 registration fee per person; all must register for the same section - either December #106474 OR January #106475. PLEASE NOTE: GROUP REGISTRANTS MUST BE SUBMITTED TOGETHER.

Workshop fee \$1,795

Registration fee \$35

Total fees \$1,830

Company Name _____ Company Address _____

- December 7-11, 2009: registration #106474 OR
- January 11-15, 2010: registration #106475

Names of other registrants in your group _____
 (Please note: group registrants must be submitted together)

PAYMENT

- Check in U.S. funds made payable to the University of Washington. (Returned checks are subject to a \$25 service fee.)
- Third-party payer: separate document (purchase order or letter of authorization to bill) must accompany this form.
- VISA MasterCard

Card number

Expiration date

Name as it appears on card

Credit card billing address

City

State

Zip code

Signature

IMPORTANT INFORMATION

Mail completed form to:

Or **fax** form to:

UW Extension
Registration Services
PO Box 45010
Seattle, WA 98145-0010

206.685.9359

Note: If paying by VISA or MasterCard, you may also register by phone at 206.897.8939 or 1.800.506.1325.

*For tax purposes, federal law requires the University to obtain your Social Security Number.

Cancellation Policy: To receive a 100% refund, minus the \$35 nonrefundable registration fee, you must send a written request to withdraw by the day before the first day of class. Email your request to uweoreg@extrn.washington.edu or fax to 206-685-9359. There is no refund for withdrawals on or after the first day of class.