



Course Registration Form

Please print this form, and complete it using clearly written capital letters. Thank you!

PERSONAL INFORMATION

NAME: _____ TITLE: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ ZIP: _____

COUNTRY: _____

PHONE: _____ CELL: _____ FAX: _____

E-MAIL: _____

HOW DID YOU HEAR ABOUT AIRT?: _____

COURSE SELECTION

TRAINING LEVEL: Level 1
 Level 2
 Level 3
 Other _____

COURSE LOCATION: _____

COURSE DATE: _____

Will you be bringing a camera? _____

If yes, what make/model? _____

PAYMENT METHOD

  

Credit Card Number: _____

Security Code: _____ Expiration Date _____

Charge Amount: \$ _____

Cardholder's Name: _____

Signature: _____

To submit your registration:

• SCAN THIS FORM & E-MAIL TO:
airt@infraredtraining.NET
or

• FAX TO: 604-516-6674

Academy of Infrared Training, Inc.
702 Kentucky Street, Suite 720
Bellingham, WA 98225
Toll-Free: 1-888-673-4743
Phone: 360-676-1915
airt@infraredtraining.NET
www.infraredtraining.NET



1-888-673-4743

AIRT@infraredtraining.NET • www.infraredtraining.NET

