



Level 2 Airborne Ultrasound Certification Training  
Registration and Payment Form

Course Location:		Training Date:	
<b>Primary Attendee's Contact Information</b>			
Name:			
Position/Title:			
Company:			
Address:			
City:		State:	ZipCode:
Phone:		Fax:	
Email Address:			
<b>Additional Attendee's Contact Information</b>			
Name:		Phone/Email:	
Name:		Phone/Email:	
Name:		Phone/Email:	
Name:		Phone/Email:	
Name:		Phone/Email:	
<b>Payment Information</b>			
Fee for this course is \$USD 1,500.00/Person			
Credit Card Type: X	Visa	MasterCard	American Express
Card Number:		Expiry (MM/YY):	/
Name on Card:		Security Code:	
PO Number:			
<b>Contact Us:</b>			
Fax This Form To: <u>905-377-1402</u> or <u>800-224-1546</u> (USA & Canada Toll Free)			
Email: <a href="mailto:Training@sdtnorthamerica.com">Training@sdtnorthamerica.com</a>			
Phone: <u>905-377-1313</u> or <u>800-667-5325</u> (USA & Canada Toll Free)			
Unable to attend? Other dates area available: <a href="http://www.sdtnorthamerica.com">www.sdtnorthamerica.com</a>			
<b>SDT Public Level 1 Course Cancellation Policy</b>			
Cancellation requests must be received no later than 2 weeks prior to the course start date. Registered attendees can be substituted without penalty or charge. Please advise coordinator of changes.			
Cancellation Fee Charges apply as follows:		1-2 weeks 100% charge 3-4 weeks 25% charge 5-6 weeks no charges will apply	
I accept the cancellation terms:	Signature	Date:	