



Lead Auditor Training

ISO 19011 Guidelines for Auditing Management Systems

Registration Form

Attendee Information

Please type or print clearly, using a separate form for each attendee. Photocopies are accepted.

Name: _____

Name for Badge: _____

Job Title: _____

Company: _____

Department/Division: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Country: _____

Phone: _____

Fax: _____

Email: _____

If you require any special assistance or have dietary restrictions, please make a note of your needs here:

Courses

Please select the appropriate boxes below:

\$1,295 – API Member \$1,495 – Non-Member

February 27-29, 2012

April 17-19, 2012

June 5-7, 2012

September 18-20, 2012

Course dates are subject to change.

Payment by Credit Card

All registration fees are in U.S. Dollars.

VISA MasterCard American Express

Card Number: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

Cardholder's Zip Code: _____

Receipts will be issued within 10 days after course ends.

NOTE: A charge will show on your credit card statement under Qualified Specialists, LLC, not API.

Cancellations

Written cancellations received more than two weeks before a scheduled course will receive a full refund minus a \$100 processing fee.

Written cancellations received within two weeks of a scheduled class will receive a 50% refund minus a \$100 processing fee.

No refunds will be provided after course start dates.

NOTE: Cancellations must be made by email.

How to Submit Form

Sending this form via email is preferred.

Email: d.west@isoconsultants.com

If email is not a viable option, please send this completed form via mail or fax to:

Attn: Danielle West
5315 Cypress Creek Parkway
Suite B, PMB103
Houston, TX 77069

Fax: (281) 966-1769 (no cover sheet needed)

For more information, please contact Danielle West at 281-444-4950 or visit www.qsi-training.com