



**NASAR EDUCATIONAL PROGRAMS  
ATTENDEE REGISTRATION  
(Please PRINT Legibly)**

**INSTRUCTOR/LEAD EVALUATOR NAME:** \_\_\_\_\_

**Course/Certification TITLE:** \_\_\_\_\_

**Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Course/Certification Site:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Name (First):** \_\_\_\_\_ **(M.I.)** \_\_\_\_\_ **(Last):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Phone (Work) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Home) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**

**Email Address:** \_\_\_\_\_

**Are you a NASAR member? (Y/N)** \_\_\_\_\_ **Member #** \_\_\_\_\_

**Affiliation:** \_\_\_\_\_

**FEES**

<b>NASAR COURSE/CERTIFICATE CHARGE:</b>	<b>\$ 50.00</b>
<b>Combined ISAR/SARTECH III or FUNSAR/SARTECH III</b>	<b>\$ 60.00</b>
<b>Non-NASAR FEES:</b> _____	<b>\$ _____</b>
<b>(Please specify)</b>	<b>\$ _____ TOTAL</b>

To comply with the United States Internal Revenue Service regulation governing tax exempt educational organizations we must ask for voluntary "Equal Opportunity" profile information. You may decline to do so. AGE: \_\_\_\_ SEX: \_\_\_\_  
ETHNIC ORIGIN (White, Black, Asian, Native American, Hispanic, Other): \_\_\_\_\_

**(Circle appropriately) \*\*\* INSTRUCTOR/LEAD EVALUATOR USE ONLY\*\*\***

**Course test score:** \_\_\_\_\_ **Is this a retest? Yes/No**

**Certification Written Exam: Pass/Fail** **Practical Stations: Pass/Fail**

**Station(s) Failed:** \_\_\_\_\_ **Is this a retest? Yes/No**  
**(must submit Candidate Failure Report)**

**INSTRUCTOR/LEAD EVALUATOR Signature:** \_\_\_\_\_