

APT Training Registration Form

Please complete one form per person.



Student Information

Name (title, first, middle, last):					
Employee Type:	<input type="checkbox"/> US DoD Civilian	<input type="checkbox"/> Other Gov't Civilian	<input type="checkbox"/> US Gov't Contractor		
	<input type="checkbox"/> Other:				
U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No, identify country of citizenship: _____				
	Passport Number: _____				
	If not a US citizen, please provide a copy of passport.				
Organization:			Job Title:		
Address:					
City:			State:		
Phone:			Fax:		
Email:					

What agency do you support?

<input type="checkbox"/> US Army	<input type="checkbox"/> US Air Force	<input type="checkbox"/> US Navy	<input type="checkbox"/> US Marine Corps	<input type="checkbox"/> US Coast Guard
<input type="checkbox"/> DDESB	<input type="checkbox"/> DCMA	<input type="checkbox"/> Other:		

Course Information

	Dates	Location	Training Courses	Duration	Cost
<input type="checkbox"/>			System Safety Engineering	36 hrs	\$2595
<input type="checkbox"/>			Software System Safety	24 hrs	\$1750
<input type="checkbox"/>			Explosives Safety	24 hrs	\$1495
<input type="checkbox"/>			IMESA FR	24 hrs	\$1800
<input type="checkbox"/>			SAFER	16 hrs	\$1200
<input type="checkbox"/>			Risk Management for Safety Critical Medical Systems	32 hrs	\$1995
<input type="checkbox"/>			Risk Management for Safety Engineering	36 hrs	\$2595
<input type="checkbox"/>			Laptop Rental (SAFER course)		\$75

How did you hear about the course?

<input type="checkbox"/> Customer	<input type="checkbox"/> Website	<input type="checkbox"/> Publication	<input type="checkbox"/> Attended Before	<input type="checkbox"/> Co-worker
<input type="checkbox"/> Other:				

Payment Information

Payment is due to complete registration. Confirmation will be provided when payment is received. Please bring confirmation number to class.

<input type="checkbox"/> Check (Payable to A-P-T Research, Inc.)	Mail copy of registration and fee to: A-P-T Research, Inc., Attn: Accounts Payable/Training 4950 Research Drive, Huntsville, AL 35805
<input type="checkbox"/> Purchase Order (DD1556)	Please provide a copy of the DD1556 along with a copy of this registration form when signing up for the class. Email completed form to training@apt-research.com.
<input type="checkbox"/> Visa/MC	Card No: _____ Exp. Date: _____ Cardholder Name (as it appears on card): _____ Credit Card Billing Address: _____ City/State/Zip: _____ Signature: _____ Email completed form to training@apt-research.com.

For any payment information questions or additional payment options, please contact APT at 256.327.3370.

Cancellation Policy: If you are forced to cancel your reservations after payment of the fee, you will be entitled to a 50% refund until two (2) weeks prior to the class date. No refunds will be given within two (2) weeks of class date. Substitutions can be made; please contact your training course POC if substitutions need to be made.