



Lightning Protection Registration Form

LIGHTNING COURSE AND COURSE DATES

Lightning Protection of Avionics

April 27 - May 1, 2020 (Spring) October 5 - 9, 2020 (Fall)

Lightning Protection of Aircraft

April 20 - 24, 2020 (Spring) September 28 - October 2, 2020 (Fall)

STUDENT INFORMATION

First Name	Last Name	Email Address	Phone Number	Course(s) <small>Avionics Aircraft</small>
1) _____				
2) _____				
3) _____				

COMPANY INFORMATION

Company _____		Department _____
Street Address _____		
City _____	State _____	Postal Code _____

Billing Information

Method of Payment (Credit Card Payment Only)

American Express Master Card Visa

Cardholder Name _____		
Card Number _____	Security Code _____	Expiration Date _____
Billing Street Address _____		
Billing City _____	Billing State _____	Postal Code _____

Submitting the Registration Form

Please complete the registration form and fax it to (413) 499-2503 or email to Mary Rose Gavazzi Haupt at maryrose.gavazzi-haupt@nts.com. For any questions, please call (413) 499-2135 ex 8914.

Lodging and Other Information

Students are responsible for arranging their own lodging. A list of nearby hotels and motels is available upon request.

Cancellations

Cancellations must be received a minimum of fifteen (15) days in advance of the start of the course in order for a refund to be issued. There will be NO REFUNDS for cancellations made within the 15-day period before the scheduled date of the course. A substitute may attend or payment may be used to reschedule for the next available course.

Courses are held at the NTS Pittsfield facility.

By signing the form, you authorize National Technical Systems, Inc., (NTS) to charge your card for the amount listed to the right.

Calculation of Total Amount Due		
Fees are per person, per class:	Course Fee	
Avionics \$2,095		
Aircraft \$2,095	# Students	
Wind Turbine \$1,495		
Discount	Subtotal	
Less discount for 3 or more attendees.		
3 - 4 = 10%		
5 - 7 = 15%		
8 - 12 = 20%	Less discount	
Attendees must be from same organization and attend same course and course dates in order to qualify for discount.	Total	
Grand total		

Signature _____	Print Name _____	Date _____
-----------------	------------------	------------

**For Internal Use Only **

Division Information

Date of Request _____	Facility _____	BR Account ID Number _____	Note _____
Employee First Name _____	Employee Last Name _____	Employee Title _____	Employee Email _____
			Employee Phone Number _____