

# TECHNICAL TRAINING AGREEMENT/ENROLLMENT FORM

EFFECTIVE JANUARY 1, 2016

To register, fill in this form, detach and send along with check, money order, purchase order or credit card information. **NOTE:** Credit card information must be completely filled in on the reverse side of this sheet. Also see cancellation policy on reverse side of this page.

HOBART INSTITUTE OF WELDING TECHNOLOGY, 400 TRADE SQUARE EAST, TROY, OH 45373, U.S.A  
PHONE (800) 332-9448 or (937) 332-9500 - FAX (937) 332-9550 - E-MAIL [financial@welding.org](mailto:financial@welding.org)

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
First Middle Initial Last

Street \_\_\_\_\_ Area Code & Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Date of Birth \_\_\_\_\_ M / F \_\_\_\_\_ Military Veteran \_\_\_Y \_\_\_N  
(mm/dd/yyyy)

(Check all that apply.) **ETHNICITY:** \_\_\_Hispanic/Latino \_\_\_Non-Hispanic/Latino **RACE:** \_\_\_Hispanic/Latino \_\_\_American Indian or Alaskan Native \_\_\_Asian  
\_\_\_Black or African American \_\_\_Native Hawaiian or Other Pacific Islander \_\_\_White \_\_\_Nonresident alien (non U.S. citizen) \_\_\_Two or more races

**International Students**, please provide Country or Nationality \_\_\_\_\_ Country of Birth \_\_\_\_\_

Employed by: \_\_\_\_\_

Address \_\_\_\_\_ Area Code & Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**We Accept MasterCard, VISA, American Express, and Discover (See reverse side)**

**Please note: Checks and Purchase Orders should be made out to Hobart Institute of Welding Technology.  
I wish to enroll in the certificate program or continuing education course(s)/seminar(s) checked below:**

Course number	Description		Tuition	Desired date	Alternate date
___VI400	Fundamentals of Visual Inspection	2 days, 14 clock hours	600.00	_____	_____
___NW515	Welding for the Non-Welder	4 days, 28 clock hours	800.00	_____	_____
___AWI520	Arc Welding Inspection	1 week, 40 clock hours	850.00	_____	_____
___LP800	Liquid Penetrant & Magnetic Particle Inspection	1 week, 40 clock hours	850.00	_____	_____
___CWS550	Preparation for AWS CWS Examination Course	1 week, 40 clock hours	950.00	_____	_____
___CWI540	Preparation for AWS (CWI/CWE) Certified Welding Inspector/Educator Examination Course	2 weeks, 80 clock hours	1500.00	_____	_____
___RCW545	Preparation for Recertification of CWI Course	1 week, 40 clock hours	725.00	_____	_____
___CWI540-C	Preparation for AWS CWI Code Endorsement	2 days, 14 clock hours	500.00	_____	_____
___SPE025	Specialized Welding Training (QUOTATION UPON REQUEST)				

I acknowledge that I/we have a copy of this agreement. I have enclosed payment (cash, check, credit card, purchase order). I have read and understand the **Cancellation Policy** on the back of this page. I agree to be bound by the provisions of this agreement/enrollment form upon acceptance by the Hobart Institute of Welding Technology.

**Liability release.** While visiting or attending classes at Hobart Institute of Welding Technology, I agree that Hobart Institute of Welding Technology is to be held absolutely free from all claims for injury that may be sustained by my person while I am on their premises.

I agree that any picture or photograph supplied to and/or taken by the Hobart Institute of Welding Technology shall be and remain the property of the Hobart Institute of Welding Technology. The Hobart Institute of Welding Technology may use these materials in its entirety or in part. The materials may be used in various forms of media, including print, video, or audio.

How or from whom did you originally hear about Hobart Institute of Welding Technology? \_\_\_\_\_

**Applicant's**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Email address** \_\_\_\_\_

Would you like to receive Hobart Institute of Welding Technology updates by email? \_\_\_Yes \_\_\_ No

**NOTE: Technical courses do not require a \$100.00 registration fee.**

**No audio or audio-visual recording of classes will be permitted.**

**Class begins at 8:00 a.m. Please refer to your confirmation for exact starting time.**

**Both sides of this form constitute the agreement - please be sure this agreement is signed above.**

# GENERAL INFORMATION AND CANCELLATION POLICIES FOR TECHNICAL TRAINING

EFFECTIVE JANUARY 1, 2016

**Cancellation policy:** Cancellation of attendance in any class by a prospective student (company) may take place up to two (2) weeks prior to starting date of course without charge. Notification to the Hobart Institute of Welding Technology within two (2) weeks prior to starting date for cancellation of attendance in any technical course will result in a handling charge of \$100.00. Failure to notify of non-attendance or a "No-show" on the assigned starting date will result in forfeiture of all payments of tuition for that class.

If the minimum number of students are not registered for a given course two (2) weeks prior to starting date, you will be notified of course cancellation. At that time you may either request your tuition be returned or choose to apply it to the next available starting date for the same course.

If your application arrives after a class has been filled, you can select another date or receive a full refund. The tuition includes welding manuals, workbooks, literature and technical data. The Hobart Institute of Welding Technology does not and will not discriminate on the basis of disability, race color, religion, sex, national origin, or age regarding admission or access to its programs and activities.

**Purchase order policy:** If tuition is invoiced against a purchase order, a copy of the purchase order must accompany the enrollment form. Terms are NET 30 on all invoiced training.

**Housing and meals:** Students are responsible for their own housing and meals. The Institute does not have food service, but we do offer vending machines for snacks and beverages. Students may bring their own food, or there are several restaurants near the Institute. Access our Website at [www.welding.org](http://www.welding.org), or contact the Institute at 800-332-9448 for information about restaurants, hotels, and campsites.

**Insurance and Medical Care:** Students are responsible for their own medical care and expenses. Students are not covered by Hobart Institute of Welding Technology insurance or industrial compensation.

**Safety and health:** We do not permit tobacco use inside the Institute for the safety and health of other students and staff. However, the Institute does provide designated areas outside the facility for tobacco users. **Shorts and open-toed shoes or sandals are not permitted in any Hobart Institute of Welding Technology classroom or lab.**

**NOTE: Hobart Institute of Welding Technology has a no firearms policy; no person shall possess, photos/video have under their possession or control, convey or attempt to convey, a deadly weapon or dangerous ordnance onto Hobart Institute of Welding Technology premises.**

## CREDIT CARD PAYMENT FORM

HOBART INSTITUTE OF WELDING TECHNOLOGY • TROY, OHIO 45373 U.S.A. • PHONE (800) 332-9448 • FAX (937) 332-9550 • E-MAIL [financial@welding.org](mailto:financial@welding.org)  
You may pay your registration deposit, tuition, or purchase any item from the school by using your MasterCard, Visa, American Express, or Discover card. If you wish to use this system of payment please complete the following information and mail it with your agreement/enrollment form. We can also accept credit card payments over the phone. Please call 937-332-9500.

Card Holder Name (please print) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I wish to use a credit card to pay for the following:

(Specify amount) Tuition \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Check one:  Visa  MasterCard  American Express  Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ \ CVV (three digit code) \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

### NOTICE

If the card owner is someone other than the student who is registering (i.e. parent, guardian, spouse), it will be necessary for the registered card owner to sign this agreement.

I, \_\_\_\_\_  
owner of the credit card, give permission for

\_\_\_\_\_ to use this card to pay deposit, tuition, or for supplies purchased at the Hobart Institute in the amounts shown at the left.

**Both sides of this form constitute the agreement. Please be sure this agreement is signed prior to submitting.**