



www.hellierndt.com
1.888.282.3887

Course Registration & Payment Form

Please write legibly and submit this form via email or fax to the Hellier location you plan to attend. Contact information for each location can be found at the bottom of this form. Please contact us for questions or additional assistance.

NAME: _____

COMPANY (if applies): _____

ADDRESS 1: _____

ADDRESS 2 (if applies): _____

CITY: _____

STATE/ZIP: _____

COUNTRY: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

CC EMAIL:
(Manager/Supervisor) _____

COURSE NAME _____

COURSE START DATE: _____

COURSE LOCATION: Houston, TX Anaheim, CA

Please Note: If registering more than 1 person for a course, each will need their own email address

Non-United States Citizens: Please provide the following passport information.

Country: _____

Passport Number: _____

Method of Payment

AMOUNT - \$ _____

Payment Type – Select One Below:

___ Check Check Number _____ PO# _____

___ Credit Card Type of card: Master Card Visa AMEX Discover

Card number: _____

Exp date: _____ CSC# _____

Billing Address(if different from above) _____

Name on card: _____

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