

SES Qualification Exam Registration Form

Last Name: _____ First Name: _____ MI: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Fax _____

E-Mail: _____

ETA does not give email addresses to any organization outside of ETA except for SES; email must be provided to receive grades & cc receipt

Alternate E-Mail: _____

Where SES can reach you should the above email become unavailable

Photo ID Type & Number: _____

Exam Location: _____ Date: _____
(city, state)

Please check which exam(s) you are taking:

Fee Schedule Group 1 _____ Group 1A _____ Group 2 _____ Group 3 _____ Group 4 _____ Group 5 _____

First Group Test

SES Member - \$161.00

*Non-SES Member - \$176.00 Are you interested in becoming an SES member? ____ Yes ____ No
\$15 of the non-member fee goes toward your one-year membership, if interested.

Additional Group Tests if taken in the same examination session - \$96.00 each

RUSH fee: \$20 per exam...get grades within 7 days of receipt back from proctor ____ Yes ____ No

Total Fee Submitted _____

We gladly accept checks made payable to:
Eastern Technical Associates
or credit cards (VISA, Master Card, AMEX).

Credit card # _____

Expiration date _____ Card Security Code _____ (3 digits for Visa or M/C, 4 for AE)

Signature _____

NEW: DO YOU APPROVE SES RELEASING INFORMATION, UPON REQUEST, ABOUT WHETHER YOU HAVE PASSED A METHOD GROUP EXAM? (The info released will be if you passed an exam and the date of the exam. This info is in support of ASTM D-7036-D.)
YES NO IF YOU AGREE, PLEASE SIGN BELOW.

Signature: _____ Date: _____

Fax to: 919-872-5199, or **Mail to:** ETA PO Box 1009, Garner, NC 27529, or **Overnight to:** ETA 3302 Anvil Place, Raleigh, NC 27603

DO NOT SEND CASH.....DO NOT SEND CASH.....DO NOT SEND CASH

ETA use only

Group 1 Exam # _____ Grade _____

Group 1A Exam # _____ Grade _____

Group 2 Exam # _____ Grade _____

Group 3 Exam # _____ Grade _____

Group 4 Exam # _____ Grade _____

Group 5 Exam # _____ Grade _____

Check # or Approval # _____ Amount _____

Date: _____

Rev.01/17/12