

ASQ Boulder Course Registration Form

Please complete the following information as thoroughly as possible. In case of a schedule change, we really appreciate two telephone numbers.

Name: _____ ASQ Membership#: _____

Title: _____

Company: _____

Address: _____

Day Phone: _____ Night: _____

Fax: _____ Email: _____

Course Number: _____

Course Name: _____

Course Start Date: _____

Course Fee: \$ _____ (ASQ Member) \$ _____ (Non-Member)

Make checks payable to “**ASQ Section 1313**” and mail with this registration form to:

ASQ Section 1313 Education
c/o Mr. John Beachman
2031 Amethyst Dr.
Longmont, CO 80504

Guarantee: If you pay for and take one of our ASQ Certification review courses and still fail the Certification Exam, you may retake the course for free as many times as you need. Your ASQ section leadership is committed to meeting your quality-related education and certification needs. If you have any questions about a particular course, please contact the instructor or the Education Chair, John Beachman at 303-530-6346 (work)