



NDE Professionals, Inc., 13339 NE Airport Way, Suite 100
 Portland, OR 97230
 Office (503) 287.5255 Fax (503) 287.5992

2027 Fall Schedule

| Course | Number | Dates | Time | Course Fee |
|---|-----------|---------------|--------|------------|
| Magnetic Particle Level I/II 32 hours | NDT-MT-02 | 8/30 – 9/2 | 8-4:30 | \$ 975.00 |
| Liquid Penetrant Level I/II 32 hours | NDT-PT-02 | 9/13 – 9/16 | 8-4:30 | \$ 975.00 |
| Visual Testing Level I/II 24 hours | NDT-VT-01 | 9/21 – 9/23 | 8-4:30 | \$ 800.00 |
| Ultrasonic Level I 40 hours | NDT-UT-01 | 9/27 – 10/1 | 8-4:30 | \$ 1075.00 |
| Ultrasonic Level II 40 hours | NDT-UT-02 | 10/4 – 10/8 | 8-4:30 | \$ 1075.00 |
| Radiography Level I 40 hours | NDT-RT-01 | 10/11 – 10/15 | 8-4:30 | \$ 1075.00 |
| Radiography Level II 40 hours | NDT-RT-02 | 10/18 – 10/22 | 8-4:30 | \$ 1075.00 |

ENROLL NOW!

Step 1: Fill out the enrollment form below

Step 2: Email the completed form to Training@Qnpi.com or fax to the number above

Step 3: You will receive a letter of confirmation 2 weeks prior to classes starting
 It's that easy.....

Quality Training Center Training Course Enrollment Form

| Student Information | Enroll me in the following course(s): | | | | | | | | | | | | | | | |
|-------------------------|---|--|--------|-----|--|--|--|--|--|--|--|--|--|--|--|--|
| Name: _____ | <table border="1"> <thead> <tr> <th style="text-align: center;">Course</th> <th style="text-align: center;">Fee</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | | Course | Fee | | | | | | | | | | | | |
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| Company: _____ | | | | | | | | | | | | | | | | |
| Address: _____ | | | | | | | | | | | | | | | | |
| City: _____ | | | | | | | | | | | | | | | | |
| State: _____ Zip: _____ | | | | | | | | | | | | | | | | |
| Work Phone: _____ | | | | | | | | | | | | | | | | |
| Fax Phone: _____ | | | | | | | | | | | | | | | | |
| Email: _____ | Total: | | | | | | | | | | | | | | | |