



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

2017 Winter-Spring Schedule

Course	Number	Dates	Time	Course Fee
Magnetic Particle Level I/II 32 hours	NDT-MT-02	2/20 – 2/23	8-4:30	\$ 950.00
Liquid Penetrant Level I/II 32 hours	NDT-PT-02	2/27 – 3/2	8-4:30	\$ 950.00
Visual Testing Level I/II 24 hours	NDT-VT-01	3/7 – 3/9	8-4:30	\$ 775.00
Ultrasonic Level I 40 hours	NDT-UT-01	3/13 – 3/17	8-4:30	\$ 1050.00
Ultrasonic Level II 40 hours	NDT-UT-02	3/20 – 3/24	8-4:30	\$ 1050.00
Radiography Level I 40 hours	NDT-RT-01	3/27 – 3/31	8-4:30	\$ 1050.00
Radiography Level II 40 hours	NDT-RT-02	4/3 – 4/7	8-4:30	\$ 1050.00

ENROLL NOW!

Step 1: Fill out the enrollment form below

Step 2: Mail or fax the completed form to the address or fax 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: _____																
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