



Practical Shock Analysis and Design Short Course

REGISTRATION FORM

Course for which you would like to register: _____

Date _____

Location _____

Name _____ Tel _____

Organization _____

Address _____

City/State/Zip/Postal Code _____

Fax _____ E-mail _____

Please sign up for these courses as soon as possible, and no later than 30 days prior to the course you would like to attend, in order to ensure course availability. All courses are subject to cancellation if adequate attendance is not met.

Registration Fee \$1,700.00

(5-day course, fee includes lunch daily, course notes and text book on "Naval Shock Analysis and Design" by Rudolph J. Scavuzzo and Henry C. Pusey)

Payment Method (Check one)

AmEx _____ MasterCard _____ Visa _____ Check _____ PO# _____

Card No. _____ Exp Date _____ Signature _____

Check No. _____ Amount Paid _____ (in U.S. Dollars)

What is your main purpose in taking this course? _____

List any special interests (e.g. analysis, testing, measurement, design) _____

Other comments (special problems of interest, etc.) _____

A certificate will be awarded to all that complete this course and will be equivalent to three Continuing Education Units

NOTE: Please type or print information on this form clearly.

Make checks payable to SAVIAC/Hi-Test Labs

Fax or Mail to: Sallie Pusey, 1877 Rosser Lane, Winchester, VA 22601-6354
TEL (540) 678-8678 • FAX (540) 678-8799 • EMAIL saviac@comcast.net