



# FORTIFIED-WISE™ TRAINING APPLICATION / REGISTRATION

Completed form must be submitted with payment to register to attend class.

Associate (entry Level) - \$275     Professional (Advanced-license required) - \$375  
**CLASS DATE:** \_\_\_\_\_ **CLASS LOCATION:** \_\_\_\_\_

**ONCE REGISTRATION IS CONFIRMED ALL FEES ARE NON-REFUNDABLE**  
**LATE FEE OF \$25 will be added for all late registrations- please check class registration deadline**

## PERSONAL INFORMATION\*

Last Name : \_\_\_\_\_ First: \_\_\_\_\_ MI : \_\_\_\_\_

### HOME ADDRESS\*

Address 1

Address 2

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

### COMPANY ADDRESS\*

Company/Organization Name

Address 1

Address 2

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Company Email

What address would you like to have results sent to?  Company  Home

Please list my contact information on website:  Home  Company  Do not list my contact information

### PAYMENT INFORMATION- Checks must be payable to ATI, INC.

Please charge my credit card:  American Express  MasterCard  Visa

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Security Code (on back) \_\_\_\_\_

Signature

Cardholder Billing Address

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

**Please submit the completed application payment and all required documentation (applies to professional applicants-see requirements at [fortified.archtest.com](http://fortified.archtest.com)) Incomplete registrations will be returned for completion.**

**SUBMIT TO: FORTIFIED-Wise Program Administrator**

**Intertek-ATI 130 Derry Court**

**York, PA 17406**

**Phone: 717-764-7700/ Fax: 717-764-4129 / Email: [fortifiedhome@archtest.com](mailto:fortifiedhome@archtest.com)**