

SES Qualification Exam Registration Form

Last Name _____ First Name: _____ MI: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Fax _____

E-Mail _____

ETA does not give email addresses to any organization outside of ETA except for SES; email must be provided to receive grades & cc receipt

Photo ID Type & Number _____

Exam Location _____ Date _____

Please check which exam(s) you are taking:

Group 1 _____ Group 2 _____ Group 3 _____ Group 4 _____

Fee Schedule

First Group Test

SES Member - \$140

*Non-SES Member - \$155 Are you interested in becoming an SES member? Yes No

Additional Group Tests if taken in the same examination session - \$84 each

Total Fee Submitted _____

We gladly accept checks made payable to: Eastern Technical Associates
or credit cards (VISA, Master Card, AMEX).

Credit card # _____

Expiration date _____ Card Security Code _____ (3 digits for Visa or M/C, 4 for AE)

Signature _____

Fax to: 919-872-5199, or
Mail to: ETA PO Box 1009 Garner, NC 27529, or
Overnight to: ETA 3302 Anvil Place Raleigh, NC 27603

DO NOT SEND CASH.....DO NOT SEND CASH.....DO NOT SEND CASH

ETA USE ONLY

Group 1 ID# _____ Grade _____ Check # or Approval # _____ Amount _____

Group 2 ID# _____ Grade _____ Date: _____

Group 3 ID# _____ Grade _____

Group 4 ID# _____ Grade _____