



**WATAI-ACCIDENT ANALYSIS &  
RECONSTRUCTION, INC.**  
**2007 CRUSH ANALYSIS COURSE**  
**APPLICATION FORM**

Name: \_\_\_\_\_

Agency/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

WATAI Member? Yes  No  If not, would you like some information on membership

FARO Member? Yes  No

CURRENT MEMBERSHIP STATUS WILL BE VERIFIED PRIOR TO ACCEPTANCE OF PAYMENT.

Non-Member: Yes  No

**PAYMENT OPTION: (Check or agency PO#'s accepted only)**

WATAI or FARO Member – 60 days or more (\$350.00) \$ \_\_\_\_\_

WATAI or FARO Member – Less than 60 days (\$450.00) \$ \_\_\_\_\_

Non-Member: 60 days or more (\$450.00) \$ \_\_\_\_\_

Non-Member: Less than 60 days (\$550.00) \$ \_\_\_\_\_

**GRAND TOTAL:** \$ \_\_\_\_\_

I understand that I must supply my own computer and associated accessories to attend this course. I also understand that a class seat will not be reserved until full payment is received. By signing below, I agree to the refund policy that was set forth in the class announcement. As this class will have some "hands-on" training that can expose you to hazardous environments, I also agree to indemnify and hold harmless the Washington Association of Technical Accident Investigators, Accident Analysis & Reconstruction Inc. and all involved individuals in any and all claims arising from the activities that occur during the crush analysis course held May 14-18, 2007. I agree to waive any and all claims against the above named entities.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_