



WATAI & MECHANICAL FORENSICS ENGINEERING SERVICES – WADE BARTLETT
2008 MOTORCYCLE COLLISION INVESTIGATION
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 – 3/10/08 TILL 04/10/08 (\$350.00) \$ _____

WATAI or FARO Member – 04/11/08 TILL 05/08/08 (\$450.00) \$ _____

Non-Member: (\$450.00) \$ _____

DUE TO THE SHORT WINDOW OF TIME, THE ACTUAL DATE USED FOR PAYMENT OPTION WILL BE THE DATE THE APPLICATION IS POSTMARKED BY USPS. CLASS SIZE IS 35 MAXIMUM.

*****REFUND POLICY*****

FULL AND PARTIAL REFUNDS WILL BE GIVEN ONLY IF WATAI IS NOTIFIED IN WRITING OR VERBAL CONTACT WITH ANY CURRENT WATAI BOARD MEMBER. FULL REFUNDS WILL BE GRANTED IF NOTICE IS MADE 30 DAYS OR MORE PRIOR TO CLASS START DATE. PARTIAL REFUNDS WILL BE MADE IF NOTICE IS MADE 29 DAYS TO 1 WEEK PRIOR TO CLASS START DATE. NO REFUNDS WILL BE ALLOWED FROM 1 WEEK TO CLASS START DATE UNLESS APPROVED BY THE WATAI BOARD.

I understand that I must supply my own calculator and associated materials for any and all practical sessions. 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 this application. 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, Wade Bartlett, Mechanical Forensics Engineering Services LLC and all involved individuals in any and all claims arising from the activities that occur during the Motorcycle Collision Investigation course held May 12-16, 2008. I agree to waive any and all claims against the above named entities. Although there are no prerequisites for this class, I also understand that a basic understanding of collision reconstruction formula's and principles are needed to successfully complete this course.

Signed: _____

Date: _____

SEND SIGNED APPLICATION AND PAYMENT TO THE FOLLOWING ADDRESS:

WATAI
PO BOX 70211
BELLEVUE, WA 98005