



**ACCIDENT ANALYSIS & RECONSTRUCTION INC.
COLLISION RECONSTRUCTION UPDATE
REGISTRATON FORM**

Name: _____ Agency/Company Name: _____

Address: _____

Phone # _____

E-Mail _____

WATAI Member / FARO Member? Yes No

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

Non-Member: Yes No

PAYMENT OPTION: (Check, Money Order or agency PO#'s accepted only)

WATAI or FARO Member – 12/15/2009 UNTIL 4/17/2010 (\$350.00) \$ _____

WATAI or FARO Member – 4/18/2010 to 5/17/2010 (\$450.00) \$ _____

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

***** THE ACTUAL DATE USED FOR PAYMENT OPTION WILL BE THE DATE THE APPLICATION IS POSTMARKED BY USPS. CLASS SIZE IS 30 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 WITHIN 1 WEEK OF THE START OF THE CLASS, 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.

Signed: _____ Date: _____

SEND SIGNED APPLICATION AND PAYMENT TO THE FOLLOWING ADDRESS:

**WATAI
PO BOX 70211
BELLEVUE, WA 98007**