



**ACCIDENT ANALYSIS & RECONSTRUCTION INC.  
CRUSH ENERGY ANALYSIS  
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, Money Order or agency PO#'s accepted only)

WATAI or FARO Member – 11/11/2009 UNTIL 02/01/2010 (\$350.00) \$ \_\_\_\_\_

WATAI or FARO Member – 02/02/2010 to 3/14/2010 (\$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 98005