



# NSAI

National Metrology Laboratory

Name:

Title:

Company:

Address:

Telephone:

Email:

Course title(s):

Date of Course(s):

Names of attendee(s):

P.O.

Cheque    VISA    LASER    (please tick the box)

Card No:

Expiry Date:

Security No:

Amount:

Signature:

Date:

**CANCELLATIONS:** Cancellations should be made 5 days in advance.  
Substitutions may be made at any time.