

JAN ROOVERS ASSOCIATES, INC.

**IATF 16949:2016 and ISO 9001:2015 Internal Auditing
Transition to ISO 9001:2015 and IATF 16949:2016
AIAG Core Tools (APQP/CP - FMEA - PPAP) GD&T per ASME Y14.5-2009**

- **New Location:** **hb5 co/work**, 42 Union Street South, Concord, NC 28025
- **Course Times:** 8:00 am - 4:30 pm

Register soon! Group size is limited to 15 and our courses sell out quickly.

1. **AIAG Core Tools (APQP/Control Plans-FMEA-PPAP).**
Course dates: **January 8-9-10, 2018** (Monday-Tuesday-Wednesday)
Fee: \$995 per person. (Includes three AIAG Core Tool manuals, a workbook, and support materials)
2. **ISO 9001:2015 Internal Auditing.**
Course dates: **December 4-5.** (Monday-Tuesday)
Fee: \$595 per person. (Includes a comprehensive course book and audit preparation support materials)
3. **IATF 16949:2016 Internal Auditing.**
Course dates: **December 18-19-20.** (Monday-Tuesday-Wednesday)
Fee: \$795 per person. (Includes a comprehensive course book and audit preparation support materials)
4. **ISO 9001:2015 Transition for Managers and Key Staff.**
Course date: **Email us.** (Monday)
Fee: \$495 per person. (Includes a comprehensive course book and transition tools)
5. **IATF 16949:2016 Transition for Managers and Key Staff.**
Course dates: **Email us.** (Monday-Tuesday)
Fee: \$695 per person. (Includes a comprehensive course book and transition tools)
6. **GD&T per ASME Y14.5-2009.**
Course dates: **January 15-16-17-18, 2018.** (Monday-Tuesday-Wednesday-Thursday)
Fee: \$1,095 per person. (Includes a comprehensive course manual)

For more information please e-mail janrooversassociates@gmail.com or visit our website www.janroovers.com. Please scan and e-mail the completed registration form back to us. A confirmation notice including additional detailed information about the course, hotel, directions, and our registration/cancellation policy will be e-mailed back to you. Course fees are due at registration and are accepted in the form of a **check** or **credit card**. Make checks payable to: Jan Roovers Associates, Inc., 6519 Wheeler Drive, Charlotte, NC 28211-4756. We regret that **we cannot accept purchase orders**. A credit card payment form is attached for your convenience.

REGISTRATION FORM (Scan and e-mail to janrooversassociates@gmail.com)

I want to register for Course: # 1 # 2 # 3 # 4 # 5 # 6

Name(s): _____ Title: _____

_____ Title: _____

_____ Title: _____

Company: _____ City: _____ State: _____

Tel: _____ Fax: _____ Email: _____

PLEASE PRINT YOUR EMAIL ADDRESS CLEARLY

JAN ROOVERS ASSOCIATES, INC.

CREDIT CARD PAYMENT FORM FOR PUBLIC COURSES

PLEASE PRINT CLEARLY

Provide all information and send to janrooversassociates@gmail.com

CREDIT CARD INFORMATION

Participant Name(s):

Participant Email Address(s):

Credit Card Type: Visa Master Card American Express Discover Diners Club

Credit Card Number:

| | | | | | | | | | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Expiration Date:

| | | | | |
|----------------------|----------------------|---|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|---|----------------------|----------------------|

Name as it appears on the Credit Card:

CVC2 Code:

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

Payment Amount (US Dollars):

Signature:

Date:

CREDIT CARD BILLING ADDRESS

Credit Card Billing Address: *(At what address is the credit card company's bill received?)*

Street:

P.O. Box:

City:

State:

Zip/Postal Code:

Country:

Phone Number:

Fax Number:

Please indicate to whom the Credit Card payment receipt must be sent.

Name: _____

Company: _____

Mailing Address: _____

Email: _____